VOICE OF THE DIABETIC

A SUPPORT AND INFORMATION NETWORK

The Diabetics Division of the National Federation of the Blind

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Talking blood glucose monitoring systems

by Ed Bryant

Ed Bryant evaluates glucometers with voice enunciation.

As editor of *Voice of the Diabetic*, I am often asked about the relative strengths and weaknesses of the various glucometers with voice enunciation available today. There is no "best" talking glucometer; there is no one blood glucose monitoring system ideal for everyone. Features, prices, and clarity of instructions vary.

Three talking glucometers (numbers 1, 2, and 3) consist of the LifeScan One Touch II meter, either clamped or joined by patchcord to a portable voice synthesizer. Vendors offer the meter and voice synthesizer in combination, the voice box alone, or the LifeScan meter alone. The One Touch II is the only glucometer discussed in this article that does not require wiping the test strip. Manufactured by LifeScan Inc., of Milpitas, CA, it is available at many local pharmacies.

If an insufficient amount of blood is placed on the test strip, the One Touch II will indicate "not enough blood." (LifeScan's One Touch I meter, no longer manufactured, lacks this feature, and could give a false reading in such a case.) With the LifeScan, or any of the other meters discussed in this article, there are several possible explanations for this frustrating occurrence:

A. *The initial drop of blood was too small:* Some folks don't bleed enough. They can get more blood by holding hands below waist level for about 15 seconds, shaking them, and/or washing/soaking hands in warm water for a few minutes before the test. Warm water stimulates the flow of blood to the fingers. A slightly longer lancet, with deeper penetration, may help some. "Milking the finger" (squeezing it gently) can also help, as can wrapping a doubled rubber band between the first and second joint of the finger to be lanced. This will help cause the finger to become engorged with blood. Hold the rubber band down with the thumb while lancing. Remove the band as soon as you lance.

B. *There may have been enough blood, but it was placed onto the wrong part of the test strip:* Some folks bleed fast, and may lose the blood off the finger before they're ready. By the time they get finger to test strip, the blood has fallen, in the wrong place. A fast bleeder needs to work closer to the test strip.

C. *Some enthusiastic people, placing the blood on the strip, press down too hard and push the blood out of its correct position, squishing it onto the wrong part of the strip:* It is best to very gently deposit the hanging drop of blood onto the test strip.

LifeScan has prepared an instructional cassette for the One Touch II, and this tape is supplied to all purchasers. Created for the sighted user, clear and well-produced, it is, unfortunately, of little use to a blind person. It

(Continued on page 8)

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Voice of the Diabetic *is a national publication of The Diabetics Division of the National Federation of the Blind. It is read by those interested in all aspects of blindness and diabetes. We show diabetics that they have options regardless of the ramifications they may have had. We have a positive philosophy and know that positive attitudes are contagious!*

News items, change of address notices and other magazine correspondence should be sent to:

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Medicare pays for diabetic footwear

It's official! As of May 1, 1993, therapeutic shoes and inserts for diabetics are covered under Medicare. Conditions, limitations, and exclusions, as per Health Care Financing Administration (HCFA) Program Memorandum B-93-1 (July 1993, Publication 60 B), are discussed below.

To be eligible, an individual's physician must:

A. Document that the patient has diabetes;

B. Document that the patient has one or more of the following conditions:

1. Previous amputation of all or part of the foot,
2. History of previous foot ulceration,
3. Pre-ulcerative callus formation, or peripheral neuropathy with a history of callus formation,
4. Foot deformity, or
5. Poor circulation, and

C. Certify that the patient is being treated under a comprehensive plan of care for his or her diabetes, and that he or she needs therapeutic shoes.

Therapeutic shoes purchased by or for diabetic patients on or after May 1, 1993 will be considered for coverage/reimbursement, even if the physician prescribed or certified the shoes before the May 1, 1993 date. For each qualifying individual, coverage/reimbursement is limited to one of the following within one calendar year:

A. One pair of custom-molded shoes (including inserts provided with such shoes) and two additional pairs of inserts, or

B. One pair of extra-depth shoes (not including inserts provided with such shoe) and three pairs of inserts.

C. An individual may substitute modification(s) of custom-molded or extra-depth shoes instead of obtaining one pair of inserts, other than the initial pair of inserts. The most common shoe modifications are:

1. Rigid rocker bottoms,
2. Roller bottoms,
3. Metatarsal bars,
4. Wedges, and
5. Offset heels.

Following certification by the physician managing the patient's systemic diabetic condition, a podiatrist or other qualified physician, knowledgeable in the fitting of the therapeutic shoes and inserts, may prescribe the particular type of footwear necessary. The footwear must be fitted and furnished by a podiatrist or other qualified individual, such as a pedorthist, orthotist, or prosthetist. The certifying physician may not furnish the therapeutic shoe(s) unless he or she is the only qualified individual in the area.

Payment for therapeutic shoes and inserts, as described above, is made under standard reasonable charge rules, subject to special limitations. For 1993, payment for therapeutic shoes and inserts is limited to 80% of the Reasonable Charge/Approved Amount, up to a limit of $338 for one pair of custom-molded shoes including any initial inserts, $57 for each additional pair of custom-molded shoe inserts, $113 for one pair of extra-depth shoes, and $57 for each pair of extra-depth shoe inserts.

For further information, contact the Medicare Durable Medical Equipment Office for your state. For their address and phone, call the Social Security Telecommunications Center; telephone: 1-800-772-1213.

The following HCFA codes apply to purchase and preparation of therapeutic shoes and inserts for individuals with severe diabetic foot disease:

Code	Definition
QO117	Fitting (including follow-up), custom preparation and supply of off-the-shelf depth-inlay shoe manufactured to accommodate multi-density insert(s), per shoe.
QO118	Fitting (including follow-up), custom preparation and supply of shoe molded from cast(s) of patient's foot (custom molded shoe) per shoe.
QO119	Multiple density insert(s), per shoe.
QO120	Modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with roller or rigid rocker bottom, per shoe.
QO121	Modification (including fitting) of off-the-shelf depth-inlay shoe or custom-molded shoe with wedge(s), per shoe.
QO122	Modification (including fitting) of off-the-shelf depth-inlay or custom-molded shoe with metatarsal bar, per shoe.
QO123	Modifications (including fitting) of off-the-shelf depth inlay shoe or custom-molded shoe with off-set heel(s), per shoe.

HCFA stresses that the above codes are **for diabetics only.** To insure Medicare reimbursement, follow HCFA guidelines.

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National Federation of the Blind 1994 legislative memorandum

James Gashel, Director of Governmental Affairs, National Federation of the Blind, works diligently to improve the lives of the blind.

For more information contact:
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(410) 659-9314

From: Members of the National Federation of the Blind
To: Members of the 103rd Congress
Re: Legislative Priorities of Blind Americans

Public policies and laws affecting blind people have a profound impact on our entire society. Most people know someone who is blind. It may be a friend, a family member, or a co-worker on the job. The blind population in the U.S. is estimated to exceed 700,000. Fifty thousand Americans become blind each year. By themselves these numbers may not seem large, but the social and economic consequences of blindness directly touch the lives of millions. In the form of its social consequences, and to some extent its economic consequences, blindness affects virtually everyone.

Blind people as a group are engaged in a common struggle for understanding of what blindness means and public acceptance of our ability to compete on terms of equality if given the chance. More than being a matter of physical disability, the real problems of blindness are lack of good training, lack of opportunity, and lack of correct information about blindness among employers and members of the public at large. If a blind person has proper training and opportunity, the physical loss of eyesight itself can be reduced to the level of a mere nuisance.

Public policies and laws that result from misconceptions about blindness or lack of information are often more limiting than loss of eyesight itself. This is why we have formed the National Federation of the Blind. The Federation is a private-sector resource of knowledge, encouragement, and support for blind people in the United States and increasingly throughout the world. The Federation's leaders and the vast majority of the members are blind, but membership is open to anyone who wants to join in the effort we are making to win understanding and equality in society.

Blind people are well-organized at the community and grassroots levels throughout the United States. Our policy positions are developed and determined by vote of the blind themselves. This is why the Federation is known by lawmakers and the public as the "voice of the nation's blind." Our priorities for the second session of the 103rd Congress express our assessment of issues requiring particular action by Congress on behalf of the blind this year.

(1) **Congress should restore funding for the "Books for the Blind and Physically Handicapped" program of the Library of Congress to meet critical service needs.** Access to information is crucial in today's modern society. Without access to books, magazines, and other materials, blind people will not be able to acquire the knowledge and information necessary to compete on equal terms. For sixty-three years, the National Library Service for the Blind and Physically Handicapped (NLS) of the Library of Congress has been producing books for the blind and for others with physical disabilities which prevent them from reading standard print. Currently 769,000 individuals depend upon the NLS services.

There are approximately 40,000 new books published in ink print in the United States each year. Only a fraction of these ever find their way into Braille or sound-recorded forms designed for use by the blind. Apart from volunteer groups and some other specialty producers, NLS is the only book and magazine reproduction source at work for blind people. Because appropriations for the program have not kept pace with inflation in recent years, the number of books being transcribed into Braille or recorded form is declining as a percentage of the total number of books published in the U.S. In a society whose members increasingly depend upon access to information for successful living, blind people cannot afford to endure this growing gap in access to knowledge. Therefore, appropriations for FY 1995 should be approved at a level which is at least consistent with the amount expected to be in the president's budget request. The Books for the Blind and Physically Handicapped Program of the Library of Congress might very well be regarded as an exemplary program, but it cannot continue to provide even acceptable service unless it receives necessary funding. For more details and an explanation of the need for appropriations see the fact sheet entitled "Funding Needed for Books for the Blind."

(2) **Congress should amend the Individuals with Disabilities Education Act (IDEA) to include provisions for strengthening programs of Breille literacy instruction and the cost-effective transcription of instructional materials into Braille.** This can be done by enacting the "Blind Persons' Literacy Rights and Education Act." Goal five of the National Education Goals declares that by the year 2,000 "Every adult American will be literate..." For blind people this means having the ability to read and write in Braille at a level of proficiency which makes performance on equal terms possible. Without legislative change, today's blind children will not be able to meet this national goal.

As many as 31 percent of the blind students enrolled in elementary and secondary schools in the U.S. during the last school year were classified as "non-readers." Fewer than nine percent read Braille. Current federal and state laws require that an appropriate educational opportunity must be provided to children with disabilities. Each such child is to have an individually planned program of instruction to meet identified needs, but growing illiteracy for blind children has been the result. Remedial federal legislation, similar to laws now enacted in 21 states, can help to reverse this trend. For more details and an explanation of the need for this legislation, see the fact sheet entitled "Blind Persons' Literacy Rights and Education Act."

(3) **Congress should enact the Americans With Disabilities Business Development Act.** This proposal seeks amendments to the Small Business Act so that programs authorized to assist minority-owned small businesses, conducted under section 8(a) of the Act, will be open to persons with disabilities. The Section 8(a) program is designed to foster business ownership by individuals who are both socially and economically disadvantaged and to promote the competitive viability of businesses owned and operated by them. To achieve these goals, Section 8(a) authorizes the Small Business Administration (SBA) to enter into all types of contracts with government departments and agencies for supply, service, construction, and research and development. Small business concerns owned and controlled by socially and economically disadvantaged persons can be eligible to receive subcontracts to fulfill SBA's procurement obligations. Technical assistance is also made available to minority small business concerns.

This proposal is simply the recognition of disability as a condition of minority status for participation in SBA's targeted efforts to provide economic and technical assistance to members of minority groups. The social and economic disadvantages which accompany disabilities are well-known and beyond dispute. The problem for SBA has been to define disability and the extent of the class of individuals included. To resolve that issue, the Americans with Disabilities Business Development Act excludes minor or perceived disabilities from the term "disability," as it is defined in the bill. Another problem has been SBA's lack of legal authority to presume that people with disabilities are socially disadvantaged in the absence of a clear legislative mandate. The Americans with Disabilities Business Development Act will provide that mandate. For more details and an explanation of the need for this legislation, see the fact sheet entitled "Americans with Disabilities Business Development Act."

(4) **Congress should enact amendments to the Fair Labor Standards Act to prohibit paying workers who are blind less than the statutory minimum wage.** This proposal is designed to achieve wage equity for blind employees. The proposal would amend section 14(c) of the Fair Labor Standard Act to clarify that impaired vision or blindness could not be used by an employer as the basis for obtaining an exemption from paying the minimum wage. Subminimum wage certificates, now permitted by law, could be issued to employers for hiring people with "impairments" that actually affect productivity. However, it has never been demonstrated that in the types of work settings where subminimum wages are ordinarily paid, blindness has any negative impact on worker capacity to produce.

The passage of the Americans with Disabilities Act (ADA) has granted equal protection under the law to individuals with disabilities. Under the ADA, denying disabled employees opportunities based on disability is now prohibited in most places of employment. However, the Fair Labor Standards Act still contains exemption provisions under which approximately 2,000 blind people are paid less than the minimum wage. This occurs in special work settings with employers known as sheltered workshops. These employers pay as low as half the minimum wage or even less for jobs in which sighted people are paid $4.25 an hour or even more. Shockingly, the federal government is behind the discriminatory wage practices through purchasing of products made by the workshops and determining the price to be paid. With changes in the minimum wage expected to be considered by Congress this year, these practices must cease. For more details and an explanation of the need for this legislation, see the fact sheet entitled "Wage Equity for Blind Employees."

(Continued on page 10)

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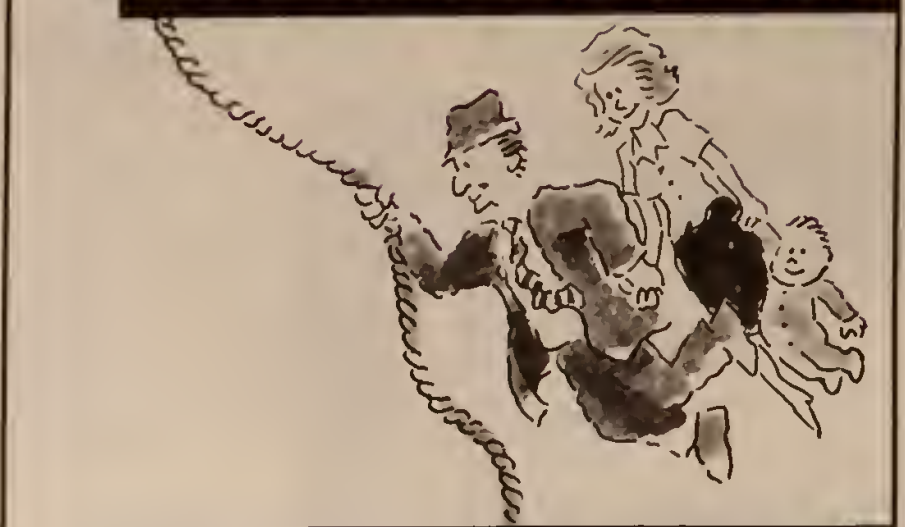

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The diabetic foot

by Neil M. Scheffler, M.D.

Dr. Neil M. Scheffler is a podiatrist in private practice in Baltimore, Maryland. Board Certified in Foot and Ankle Surgery by the American Board of Podiatric Surgery, he is a member of the Board of Directors of the American Diabetes Association, Maryland Affiliate, and chairman of their Patient Education Committee. He is also a member of the Editorial Board of Diabetes in the News *magazine.*

Most people with diabetes know that one of the parts of the body that can give them the most trouble is their feet. One of the most common reasons that people with diabetes are hospitalized is for foot infections. Many of these problems can and should be prevented.

One of the primary goals that podiatrists (foot doctors) have is to prevent foot-related complications for patients with diabetes. A doctor's care, however, is not enough. Teaching these patients how to care for their feet is also very important.

For people with diabetes, seemingly simple problems like ingrown nails or corns, if not treated properly, can become infected and lead to disasters — like gangrene and amputation.

Minor surgical procedures that involve little or no disability can often be used to treat these disorders so that they do not return. Before surgery is suggested, however, alternatives are explored and factors such as the patient's circulation and diabetic control are checked. Some people with diabetes feel that because they have diabetes they cannot have surgery on their feet. This is not true. It is often *more important* for those with diabetes to have surgery to prevent future problems than it would be for a person without diabetes.

Other conditions, such as bunions, may create problems for people with diabetes. Bunions are bumps of bone that stick out from the foot just behind the big toe. Bunions generally become worse with time. They press on the shoe and can hurt and, eventually, ulcers can form and infection follows. X-rays should be taken and a treatment plan implemented. Surgical correction is often needed.

People with diabetes should *NEVER* use over-the-counter medications on their feet without the approval of their podiatrist or physician. Corn or callus removers, for example, contain acids that can burn through the callus and normal skin as well with disastrous results.

For the same reason, those with diabetes should not attempt to shave corns and calluses themselves with razor blades or other sharp instruments. The folks at Medicare feel it's so important for persons with diabetes to get good footcare they will even pay for it. This includes paying for shoes for many people with diabetes and even paying for just the cutting of their toenails.

Thick toenails that are discolored and brittle are not normal signs of aging. These nails often have a fungus infection present. Sometimes the infection is also present in the skin of the foot. The skin may be dry and scaly and can crack, allowing bacteria in to cause an infection. These thick toenails should be treated professionally. There are topical medications that can be prescribed for the fungal infection of the skin.

Persons with diabetes should never walk barefooted, even around the house. Splinters or other foreign objects will give them more trouble than they would the non-diabetic. Shoes should be carefully selected. Soft shoes with large toe boxes and good cushioning are important. A good running shoe may be ideal. Ask your podiatrist to recommend a shoe for you. If you have Medicare and qualify by having other problems such as neuropathy, poor circulation, previous ulcerations or a foot deformity, your podiatrist can even order a shoe for you that Medicare will help pay for.

Sometimes a special insert may be needed for inside the shoe. These inserts, called orthotics, are ordered for each patient individually. They help improve the way the foot functions and can help protect and pad problem areas, such as calluses.

Many patients with diabetes develop numbness in their feet. This is called "diabetic neuropathy". A pins-and-needles sensation may be present as may burning or shooting pains. Because of this loss of sensation, patients with diabetes should visually inspect their feet *daily*. They may not be able to feel when a problem is present. This lack of sensation is one of the main reasons ulcers develop on the feet of people with diabetes.

The tops and bottoms of both feet as well as the areas between the toes should be examined. If you can't see these areas, use a mirror or have a family member help. At the first sign of any trouble — redness, a blister, a cut, an open area or any other change from normal, your podiatrist should be consulted. Also make sure that the doctor who helps you treat your diabetes examines your feet at each visit. Take your shoes and socks off while you are waiting for the doctor. The more people involved in assisting you with your foot health the better.

Remember, each of us gets only one pair of feet. Good blood glucose control, proper choice of shoes and socks, good footcare at home and regular consultations with your podiatrist can help assure that your feet will last a lifetime.

Tightrope

by Royanne R. Hollins

Royanne R. Hollins, pictured with her guide dog Willow, shares her experiences with diabetes.

From the Editor: Royanne R. Hollins chairs the Insulin Pump Committee of the Diabetics Division of the National Federation of the Blind. At this writing, she is awaiting a kidney/pancreas transplant.

Walking a tightrope, just what does this involve? It involves balance, a keen sense of what might happen, and a tremendous amount of concentration. One false move and you could fall. If you have a safety net under you, you will fall into the net with little or no injury. However, if you do not, you may fall to major injury or even death.

Walking a tightrope is a basic part of my life. It all began at age nine with the diagnosis of type I insulin-dependent diabetes. I am 37 years of age now and that tightrope is getting harder and harder to walk.

You must be clearly concerned with your balance when dealing with diabetes in your life. Balance consists of dietary considerations, the correct insulin dosages, and exercise in a proper, educated manner. Balance also consists of a positive mental attitude and outlook on life while monitoring blood sugars multiple times daily.

Living and walking on a tightrope does not allow for a vacation. When you have diabetes, you are never able to take a break from the disease. When complications show up after years of walking that tightrope, a vacation is even more improbable and, depending on the complication, no longer a desire.

If you spend your life coping with diabetes, your concentration and balance can become second nature to you. As they become second nature your safety net will grow larger for the times that you do fall. If, however, you never face diabetes and leave things to chance, you will never be able to develop a safety net below.

When or if complications occur, never forget your tightrope and ever-growing safety net. Hopefully if side effects should occur, your safety net is large enough to hold you. If not, it may become very difficult to continue in life.

As you go through life with diabetes, you learn to become creative and develop coping skills. With those skills comes a sort of safety net to fall back on in order to adapt, and get on with your life.

Managing diabetes throughout your entire life can get tiring. Some days you will wonder what the options may be. Are there alternatives out there for the insulin-dependent diabetic? Although there are different methods of treatment, is there truly an alternative? I would like to know. When you do all the right things and your balance gets knocked from one side to the other, it gets quite tedious staying upright. Sometimes you want to jump off. However, if you jump without having developed the safety net below, you will be in for big trouble.

A safety net consists of many things. One of those features should be a health care team you have chosen that will listen and be concerned. When you fall off your tightrope, your health care team may make the difference between life and death.

A security net also consists of knowledge. The more knowledge you have about your disease and its complications, the better off you are. When something happens or a symptom arises, you will be better able to go to battle against it knowing what you are dealing with.

Cooperation is another component of a guardian net. When your health care team gives you advice, it is necessary for you to be compliant with their requests. However, if there is something you know to be a fact about your condition, making it perfectly clear to them will guarantee aggressive, timely treatment.

A safety net consists of tools. Because of the results of many years of research and the development of efficient instruments, it is easier to keep balanced on that tightrope.

A security net consists of support. The more people you have supporting you — family, friends, co-workers, others with diabetes and health care members — the better off you will be. Support helps you cope when difficult matters arise.

Most importantly an assurance net consists of hope. If you lose all your hope and faith in the future your net will disappear beneath you. When you do fall off that tightrope and the safety net no longer exists, there will be more than trouble to pay.

So where does that leave those of us walking the daily tightrope, doing our balance/concentration act? It can leave us with hope for the future as well as knowledge, support, tools,

(Continued on page 9)

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A parent's perspective

by Connie Tice

Tennis champion Barry Tice has not let his diabetes interfere with athletic success.

Life doesn't always play fair. On his 10th birthday our son Barry was the picture of health. Four months and 12 days later, he took his first shot of insulin. What a change that diagnosis caused! Barry had always been a healthy, active, energetic, loving child. While we had some history of diabetes in the family, we never thought it would happen to him. Suddenly our life was turned upside down. We were told that, inevitably, he would suffer retinopathy, perhaps resulting in blindness, that his cardiovascular system would degenerate, his kidneys would be affected, and a host of other horrible spectres of medical problems. We soon found that the physical consequences were, in many ways, as overwhelming as the emotional consequences. We felt great guilt, blame, and fear. We refused to believe that he really had diabetes. We knew we had to find the means to be in control of diabetes to keep it from controlling us. One of the best pieces of advice we received was from a dietitian who warned us that, while food had to be considered and controlled, we shouldn't become compulsive about it. We learned that it was important to deal with the issues of diabetes gradually, not to try to do everything at once. Like a New Year's resolution, we couldn't expect to do it all immediately, but rather in attainable stages. While we knew we had to understand the basic food groups and proportions, we also realized we couldn't weigh or control everything Barry ate.

"Never" doesn't exist for children. Knowing Barry couldn't be expected to never eat candy, we chose instead to keep it out of the house, and to try to help him understand how it could become like a slow poison to his system. We had to teach him and ourselves that while we must always be alert, there is no shame or guilt in not always having perfect readings, or in slipping on occasion. We have to keep reminding ourselves that the pattern is more important than perfection.

Under normal circumstances, a 10 year old boy is difficult to keep track of, but a diabetic child involved in sports gave us constant concerns. Who could help him if he had a reaction in a game? Who would know what to do? Should we tell the coach in detail the nature of diabetes, perhaps eliminating Barry's chances to play? Could we rely on his friends to keep an eye on him? Should we be there at every practice and not let him out of our sight, so no crisis developed? Should we let his blood sugar run higher to avoid the embarrassment of a reaction, and risk long term consequences? How can a child with diabetes live a normal, active sports life with all the dangers that exist for a diabetic?

With great difficulty, we learned that we had to give him room to develop without our overshadowing presence. It was extremely hard to let him out of our sight. While not wanting to risk anything happening to him, we also knew we had to give him the message that not only did we trust him to care for his disease, but that in the end, he had to be responsible for it. It is dreadfully hard for a parent not to shelter such a fragile child with such a potentially destructive disease.

Sports, while important for any child, are even more imperative for a diabetic. With enormous effort, we tried to keep our distance. While we constantly reminded him to have juice and snacks when he would play, we tried not to hover over him and be the omnipresent, smothering parents — though we desperately wanted to! We knew that, as much as possible, we had to let him feel that he was just like any other kid, and that he could control his diabetes without us. We have been fortunate that he developed an interest and ability in tennis. With our encouragement, and with willingness to risk reactions, he has become an outstanding tennis player. He has learned to be conscious of when his blood sugar is getting low, and most of the time, he will eat when he needs to. The most important result of our encouragement to be active in sports has been to pass on the message that there are no limitations. He can do whatever he sets his mind to. Diabetes is not a handicap — merely a discipline.

We are fortunate that he has not let diabetes keep him from a normal, active life. Though he must be constantly aware of his physical condition and the possibility of a reaction, he has not shied away from physical activities. We have found that when he is busy in physical activities his blood sugars are much better. While we worry about the activities, we know they are indispensable to a healthy life. Good exercise habits now are critical to his long term survival.

Coping with diabetes has been a long, hard struggle for him and us. We have made many mistakes, but we learned with each mistake. Most especially, we have learned that diabetics and their parents aren't and can't be perfect. While diabetes management must become habitual, it must not be compulsive. We know we must always be vigilant, but we need not and should not live in constant fear.

*From the Editor: The following Q&A appeared in the "Ask the Doctor" column of a past issue of **Voice of the Diabetic**. Parents should realize that Connie Tice is correct — it is important to allow and encourage sports participation by young diabetics.*

Q: My 13-year-old son takes insulin and it "scares me to death" every time he wants to go out and play football or some other sport with other kids. I know I hold him back from doing things other kids do and it is creating family problems. I am told that he can do the same things that other children do and still not have insulin reactions that might hurt him. Can my son handle physical activities as a diabetic? What safeguards should be followed?

A: Your son is capable of participating in vigorous sports and should be permitted to do so just like any other comparable 13-year-old boy who does not have diabetes. Making him different by not letting him do so may be very depressing for him, and can do considerable psychological damage. Almost everyone who takes insulin will sooner or later have an insulin reaction. In most cases he will be able to recognize the reaction, and can simply treat it by taking something sweet. If your son does not recognize an insulin reaction, the worst that can happen will be for him to black out and/or have a convulsion. When playing sports, others will be present who can either help him or call for medical help.

It is important for him to be prepared for an insulin reaction by having available sugar in some form and by letting those around him, including his coach (if there is one), know he has diabetes and what to do. One should also attempt to prevent reactions during sports by taking extra food or less insulin. Exactly how to do this should be discussed with one's personal physician.

Talking blood glucose monitoring systems

(Continued from page 1)

refers to pictures and pages in printed material. It does not indicate location of buttons, give instructions for placing blood on the test strip, nor tell where to insert the strip.

Some blood placement problems can be solved by modification of the Test Strip Holder (LifeScan Part #043-123, see illustration). The photo shows two examples of such modification. The idea is simply to provide tactile locating aids for finger location and placement of the blood sample on the test strip. A raised dot on either side of the test strip will work for some, but diabetics with limited sensation in the fingertips may find a U-shaped guide more useful. Most diabetics puncture the side of a fingertip, but those with severe neuropathy, who can't feel the lancet, and who prick the center of the fingertip, may be helped by the U-shaped guide. With practice, and the use of such tactile cues, blind diabetics can correctly place blood samples on the test strip. (Editor's Note: Thanks to Ann S. Williams, MSN, RN, CDE, of the Cleveland Sight Center in Ohio, for providing me with the two modified LifeScan Test Strip Holders pictured in the photograph.)

NOTE: The Test Strip Holder is detachable, and modifications as described will in no way interfere with the operation, accuracy, or cleaning of the LifeScan meter. LifeScan's Technical Services Dept. (phone: 1-800-227-8862) will provide a spare Test Strip Holder upon request, without charge. It is recommended that the modifications be to this spare.

Modifying LifeScan test strip holders can aid blood placement.

The dots and U-shaped ridge in the photograph were created with t-shirt paint, of the type that stands up sharply from a fabric surface. Upon application, the paint spreads a little, so apply sparingly. Best results come from "tack-painting": applying a small amount, then letting it dry (minimum 12 hours), with subsequent applications to build up the height. Practice first on some other material (posterboard or paper plate), as the paint can come out quickly. Be sure to have the Test Strip Holder OFF THE METER when applying the t-shirt paint. For best results, insert a test strip in the holder as an aid to placement of the dots or U-shaped ridge.

T-shirt paint is inexpensive and is available at most craft and fabric stores. I paid about $2 for a small bottle. Although a full spectrum of colors is available, bright, contrasty colors like orange may aid in low vision situations. Brands and types vary; find one that gives you a nice hard tactile ridge. Some paints feel too rubbery;

"puffy paint" is no good, as it flakes off too easily. You may have to experiment.

1.) **Voice-Touch speech synthesizer for the LifeScan One Touch II:** Technology For Independence, Inc. (TFI), 529 Main Street, The Schrafft Center — Annex, Boston, MA 02129; telephone: 1-800-331-8255.

This combination, the LifeScan One Touch II meter plus Voice-Touch speech module, differs from the other LifeScan-based units in that its two components clamp firmly together, forming a single reliable unit. Also, other talking meters require both voice box and meter to be turned on independently, but the Voice-Touch operates off the controls of the LifeScan glucometer. Thus, users may find this combination more practical.

TFI sells the Voice-Touch speech synthesizer for $219 plus $7.50 shipping, the LifeScan meter alone for $135 plus $7.50 shipping, or the combination for $354 plus $9.50 shipping. An AC adapter is offered for $12. A very good instructional cassette is included with the speech module. No tote bag is included with this system.

Glucometers with audio output (left to right): LifeScan One Touch II with Voice-Touch, Accu-Check II Freedom System (rear), Diascan Partner

This same combination, the **LifeScan One Touch II meter plus the Voice-Touch speech synthesizer,** is offered by the National Federation of the Blind (NFB), Materials Center, 1800 Johnson Street, Baltimore, MD 21230; telephone: (410) 659-9314. The NFB offers the combination (meter plus voice module) for $319 (the lowest price for a talking glucometer in the U.S.), the voice module alone for $199, or the LifeScan meter alone for $120. An optional AC adapter costs $11. Unlike other vendors, the NFB Materials Center does not charge for shipping these components.

2.) **Digi-Voice Plus II:** Science Products, Box 888, Southeastern, PA 19399; telephone: 1-800-888-7400.

This combination, the LifeScan One Touch II meter plus Digi-Voice module, is offered by Science Products under the name of Digi-Voice Plus II. The One Touch II Meter and Digi-Voice are attached by a short patch cord.

The Digi-Voice module provides audio output for the meter. Controls are simple; a volume control knob and a toggle switch run the unit. Readings are announced in a clear male voice. The system comes with an AC adapter, a rechargeable 9-volt battery, and cassette instructions for using the voice module. No tote bag is supplied. Science Products sells the Digi-Voice Plus II (module and meter) for $395 plus $9.95 shipping. Purchased separately, the Digi-Voice module costs $275 plus $9.95 shipping. The LifeScan One Touch II meter is offered for $149.50 plus $6.95 shipping.

3.) **Touch-N-Talk II:** American Foundation for the Blind (AFB), Product Center, 3342 Melrose Avenue, Roanoke, VA 24107; telephone: 1-800-829-0500.

This combination, the LifeScan One Touch II meter and Touch-N-Talk voice synthesizer, is offered by the AFB under the name Touch-N-Talk II. The meter and voice synthesizer are attached by a short patch cord.

The unit uses one 9-volt alkaline battery, not included. An AC adapter is available at an additional cost of $11.95. No tote bag is included with this system.

An audiocassette explaining how to use the Touch-N-Talk voice module is supplied. AFB is unfortunately still recommending LifeScan's instructional cassette for the One Touch II meter (described above) as "for the blind." Foundation staff members with whom I conversed admitted they knew nothing about the Touch-N-Talk, their product, except what was given them to read. I do not appreciate any vendor misinforming consumers about the suitability of their instructional materials.

The AFB sells the Touch-N-Talk II system for $369.90 plus $11.50 shipping. The Touch-N-Talk II voice synthesizer costs $219.95 plus $11.95 shipping (9-volt battery not included). They sell the LifeScan meter for $149.95, plus $11.95 shipping, or the combination for $370 plus $13.95 shipping, a total of $383.95.

4.) **Diascan Partner:** Home Diagnostics, Inc., 51 James Way, Eatontown, NJ 07724; telephone: 1-800-342-7226.

The Diascan Partner's greatest assets are its size (about that of a transistor radio), and that blood gently applied to the test strip pad with a "painting" motion, with practice (and DON'T touch the pad), should produce a fairly accurate reading (all other meters require a hanging drop of blood). Powered by two AA batteries, with a weight of approximately eight ounces, the Diascan Partner, a single self-contained unit, can easily be held in one hand. Of all glucometers with voice enunciation, the Partner is the lightest and slimmest.

Some individuals with limited dexterity may find the Partner difficult to operate, as its test strips are designed to receive the blood outside the machine, on a flat surface like a table, so there is no strip guide to aid correct finger placement. The tail of each strip can be bent upward to aid location.

An over-the-shoulder tote bag with adjustable straps is included. An easy-to-understand audiocassette with clear operating instructions is also supplied. Suggested retail price is $399.

5.) **Accu-Check II Freedom System:** Boehringer Mannheim Corp., 9115 Hague Road, Indianapolis, IN 46250-0100; telephone: 1-800-428-5074.

This system is housed in one unit. The monitor has a finger guide to assist the user's placement of a drop of blood onto the center of the test strip pad. Once the blood is on the pad and the machine detects it, it tells you to "Press the timer button." Some blind diabetics like this feature, but others have trouble getting enough blood on the pad. The finger guide may be good for those with shaky hands.

Boehringer Mannheim, the manufacturer, makes various types of test strips, so the consumer needs to make certain he/she purchases the correct type. With dimensions of approximately 12" x 12" x 7" and a weight of about 11½ pounds, the Freedom System is bulky and difficult to transport.

An easy-to-understand cassette explaining how to use the system is included. Suggested retail price is $600-$700.

Special Cases

Hypoguard Limited of Woodbridge, Suffolk, England owns the Vision bG, which may, at some point, be distributed in the United States.

I mention the Vision bG system to give ***Voice*** readers an idea about a new development not yet on the market. The glucometer's reagent pad would be housed in the bottom of a small, round, plastic disk called a cell. After the finger is punctured, blood would be directed down a funnel located inside the cell, onto the reagent pad. When enough blood reaches the pad, the meter informs the user the test has begun. The user then pushes a button starting the timer. The cell must be replaced after each test. Although this method would cost more, the cell concept may have advantages. The tactile guide posts on the cell should aid placement of blood on the reagent pad.

Voice Synthesizer for Ames Glucometer II: Fondation Centre Louis-Hebert, 525 Boulevard Hamel Est, Aile J, Quebec City, Quebec G1M 2S8, Canada; telephone: (418) 529-6991.

If a customer with an Ames Glucometer, type 5527 or 5725, sends it to the above address, the Centre will modify it to accept their voice module, which attaches to the glucometer. Cost (voice box and modifications to the customer's glucometer): $411.40 (U.S. funds). No cassette instructions provided. I have not inspected this Canadian product, but I am unaware at this time of anyone else offering a voice module for the Ames glucometer.

I have discussed the strengths and weaknesses of the blood glucose monitoring systems with voice enunciation currently manufactured. This evaluation should help blind diabetics and those losing vision, who are just as capable as the sighted of self-managing their blood glucose levels. Both blind and sighted diabetics are encouraged to consult with their health care team, and with individuals experienced in use of glucose monitoring equipment.

Choosing the most appropriate glucometer is an important step in diabetes self-management. As blind diabetics increase their participation in the mainstream, efficient glycemic control is needed, to maintain good quality of life. The Diabetics Division of the National Federation of the Blind, a support and information network, welcomes input on blood glucose testing.

Tightrope

(Continued from page 7)

cooperation, and strength if complications arise.

I am walking a tightrope. When my blood sugars constantly swing from highs to lows, I feel like a metabolic monster, out of control. Even if my averages are okay, it is getting harder and harder to maintain an even keel. However, if I concentrate on the net below me, I feel hopeful that this too shall pass, and I will get right back up on the tightrope and keep on going.

As I experience one complication after another, I truly need that protection net below to allow me to draw on the support and strength of others. There are times when I feel like screaming out "enough is enough!" but then I see my safety net below waiting and willing to catch and hold me up. Only then am I able to scream this out and feel okay about it too.

As it gets harder and harder to keep my balance, I keep my eye on the support below. I have worked for years and years to build and develop that safety net. It seems that I find myself falling off the tightrope more and more these days. Luckily, as I fall into my help net, it does not decrease in size. In fact, at times my safety net grows larger as I fall. This enables me to get back on the tightrope with new balance and faith.

Walking a tightrope. We all do it to some extent whether we have insulin-dependent diabetes or not. Those of us who must live with a chronic illness such as diabetes just find it more evident than it is to others, that our lives truly are spent walking a tightrope.

Justice Department says no to diabetes discrimination

by Peter Nebergall

Peter Nebergall relates ADA act enforcement.

On December 28, 1993, the United States Department of Justice filed suit against the State of Illinois, the city of Aurora, Illinois, and the Aurora, Illinois, police pension fund. The suit, the first job-discrimination action brought under the 1990 Americans with Disabilities Act (ADA), asserts that police officers Kevin Holmes and Reynaldo Rodriguez were denied pension and retirement benefits because of their disabilities. One of the officers is a diabetic.

Officer Kevin Holmes, 34, an eight-year veteran of the Aurora police force, informed them of his diabetes even before he was hired. Although he was judged physically fit to perform police duties, he was later barred from contributing to or receiving benefits from the police pension fund because of his diabetes. Even if he had been injured or wounded in the line of duty, perhaps forced to retire, he would have been denied benefits.

Acting Assistant Attorney General for the Civil Rights Division James P. Turner called this denial of benefits "a mindless distinction that amounts to discrimination." He stated: "Such unfair treatment will not be tolerated. It is unlawful for a qualified individual with a disability to be denied complete access to a benefit plan that is otherwise available to persons without a disability."

Adopted in 1990, in force since July 1992, the ADA act prohibits discrimination against the disabled. With the filing of this suit, the Justice Department is sending a clear message that excluding diabetics from benefits to which they would otherwise be entitled is discrimination, is illegal, and will be prosecuted.

If you or a friend would like to remember the Diabetics Division of the National Federation of the Blind in your will, you can do so by employing the following language:

"I give, devise, and bequeath unto the Diabetics Division of the National Federation of the Blind, 1800 Johnson Street, Baltimore, Maryland 21230, a District of Columbia nonprofit corporation, the sum of $_____" (or "_____ percent of my net estate" or "the following stocks and bonds: _____") to be used for its worthy purposes on behalf of blind persons."

National Federation of the Blind 1994 legislative memorandum

(Continued from page 4)

People who are blind are asking for your help in securing positive action by Congress in the areas outlined here. Legislative proposals will be offered to achieve each of our specific objectives. Many priorities confront this session of Congress, but the needs of the nation's blind must not be overlooked. We of the National Federation of the Blind stand ready to assist our representatives and senators to understand our needs and to take meaningful action to address them. In partnership with the National Federation of the Blind, each member of Congress can help build better lives for the blind both today and in the years ahead.

Note: To receive fact sheets and/or further information contact James Gashel, Director of Governmental Affairs, National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230; telephone: (410) 659-9314.

Ask the Doctor

by Wes Wilson, M.D.

NOTE: If you have any questions for *"Ask the Doctor,"* please send them to the ***Voice*** editorial office. The only questions Dr. Wilson will be able to answer are the ones used in this column.

Wes Wilson, M.D. is an Internal Medicine practitioner at the Western Montana Clinic in Missoula, Montana. Dr. Wilson was diagnosed with type I diabetes in 1956, during his second year of medical school.

Q: I have used insulin to control my diabetes for many years. Lately it seems my control has deteriorated. Although I have reasonably good control during the day, my blood sugars are often high in the morning, and I do have occasional insulin reactions. I have done my best to control my diet, exercise, and insulin dose; but despite that, I frequently awaken with high blood sugars, and I have variable blood sugars during the rest of the day.

My doctor has told me that I show the "dawn phenomenon," and that changes in my insulin program may be needed. What is the "dawn phenomenon"?

A: A recent article in the magazine *Diabetes Care* helps to identify and clarify the "dawn phenomenon," the rise in blood sugar that occurs during the early morning hours due to the so-called "counterregulatory hormones," of which we all produce more in the early morning hours, tending to cause a rise in blood sugar. Oftentimes "dawn phenomenon" as a term is used to identify a high blood sugar in the morning not seen at other times during the day. I think some of these occurrences are not true "dawn phenomenon," but rather problems with the duration of insulin action. The article in *Diabetes Care* warns that the "dawn phenomenon" should not be used as an explanation for problems with lack of control due to insulin effects.

In the last 10 years, it has been increasingly noted that many persons who use insulin often show reasonable blood sugar control during the day, but often have high blood sugars in the morning. In addition, researchers have found that in many individuals with type I diabetes who use human N and R insulin before breakfast and before the evening meal, a test at 1:00 or 2:00 in the morning would show a lower blood sugar than normal. If the test subjects were not awakened, they often slept through the period of low blood sugar, and often had higher blood sugars in the morning, even despite having slept through a period of hypoglycemia during the early morning hours.

Most patients with type I diabetes require more insulin before breakfast for the number of calories taken than before other meals, probably at least partly due to the higher levels of the growth hormone and other anti-insulin hormones present in the morning. My opinion is that the very frequent occurrence of the "dawn phenomenon" we see now is related to the increasing use of human insulin, which tends to be much more rapid-acting for most individuals than is animal source insulin. Rapid acting human N insulin, taken prior to the evening meal, exerts its effect in most individuals within six hours, and then has very little activity left during the time of increased need for the insulin at 5:00 or 6:00 in the morning.

The Diabetes Control and Complications Trial dealt with the problem of nighttime hypoglycemia by requiring participants in the "intensively treated" arm of the study to check blood sugars at 1:00 in the morning at least one time each week. That is a tough assignment, but it is felt to be important to make sure that persons taking high doses of insulin in an effort to achieve ideal blood sugar control do not experience undetected low blood sugars during the early morning hours. It seems to me that persons who take human split dose insulin should consider — after discussion with their physician, of course — the use of a program with a mixture of human N or L with Regular insulin in the morning before breakfast, predominantly rapid acting Regular insulin before the evening meal, and then either N or L taken at bedtime, so that the peak effect will be closer to the time of the counterregulatory hormone rise, helping to prevent high blood sugars in the morning. The bedtime dose, if given at 10:00 p.m., should exert its peak action about 5:00 a.m. when it is needed to counteract the surge in the counterregulatory hormones that cause the increased need for insulin in the morning.

I realize that checking blood sugars early in the morning and taking the extra doses of insulin sounds as though control of diabetes is interfering too much with normal lifestyle, but the Diabetes Control and Complications Trial has shown that attempts to control blood sugar can prevent and delay the complications of diabetes. With that in mind, it seems worth the added effort.

Wound care and prevention of foot problems

by Ronald G. Scott, M.D.

There is an amazing amount of good news today for diabetics worried about foot problems. Most diabetics know that impaired circulation in extremities can lead to serious non-healing wounds. Ultimately, many diabetics could face high-level amputation.

Now for the good news. It comes from two fronts in the war on non-healing foot and leg wounds that often occur as a result of diabetes. First, clinical research is finding new ways to prevent wounds from starting. Impaired circulation caused by diabetes leads to dry, scaly skin on the foot, due to the fact that the nerves no longer produce sweating. (Poor circulation also causes the foot tissue to be less effective in fighting off infections.)

Research has shown that foot injury in diabetics most often is the result of the loss of nerve sensation. It's much easier to burn yourself, rub a bunion or blister until it festers, or let a sharp object go unnoticed in your shoe. The result: foot injury and infection, sometimes leading to gangrene and amputation. Diabetics are many times more likely to undergo amputation than the rest of the population.

Some foot problems can be prevented with good common sense — such as not walking barefoot on hot pavement around a swimming pool, or, in the case of diabetics, not smoking (smoking aggravates blood vessel problems). Also, be sure to tell your podiatrist that you are a diabetic.

Diabetics also must take extra efforts to protect their feet. (See sidebar #1.)

Some general precautions for lifelong foot care include:

- Always wear the right shoes (leather or modern running shoes) and don't wear them too long (see sidebar #2)
- Examine your feet daily, especially between toes where bacteria thrive and infection starts easily (have someone do this for you if necessary)
- See your podiatrist regularly and follow instructions, and, most important, don't do "home surgery"
- Exercise — walking increases circulation and helps new blood vessels develop.

Prevention, of course, is the first and most important step in your medical care. But, if you've done all you can to prevent foot problems and you still get an injury or wound on a foot, there's good news for you. Aggressive and comprehensive wound care management is vastly improving cure rates for chronic, non-healing wounds.

This new approach, the second "front" in the war on non-healing wounds, is exemplified by an expanding number of Wound Care Centers nationwide operated by Curative Technologies, Inc. (CTI). Since their first center was established in 1988, the centers have offered hope to diabetics and others with wounds that have not healed.

Dr. Ronald Scott, who works with the Wound Care Clinic of North Texas at Presbyterian Hospital in Dallas, Texas, says patients are usually referred to wound care centers by their family physician or podiatrist, although a patient can seek treatment on his or her own.

"At the clinic we take a comprehensive approach to wound care," Dr. Scott explains. "Treatment is individualized for each patient and might include aggressive cleaning of the wound, vascular surgery to improve circulation to the wound area, antibiotics for infections, and a revolutionary new treatment called growth factor therapy."

Growth Factors Can Greatly Improve Healing

Growth factor therapy is based on a biotechnological breakthrough that involves extracting certain healing proteins from a small amount of the patient's own blood platelet and directly applying these proteins to the wound. This bypasses the body's impaired circulation that, if normal, would bring these healing proteins to the wound through the blood vessels and capillaries. Faster and more durable healing is the result of topical application of growth factors, which stimulate growth of new tissue and blood vessels.

Dr. Scott says, "Patients receiving growth factors apply the growth factor solution, called Procuren, themselves. Of equal importance in treatment, however, is the institutionalized wound care approach, rather than the former fragmented approach to wound healing. The wound care clinic encompasses an entire medical team treating the wound."

Wound care center outcomes are measured and monitored — a process not always used in wound care. Growth factor therapy has resulted in healing in 80 percent of wound care center patients. These are patients who would likely have lost a limb to amputation.

Amazingly, the cost of wound care center treatment is up to 75 percent less than traditional wound management. This fact is important in the evolving health care system in the U.S. today — increasingly the reimbursement system will emphasize outpatient treatment that controls costs and is outcome oriented.

Also affecting cost is the fact that wound care center therapy takes an average of eight to fourteen weeks, much shorter than traditional wound care. Diabetics who need hospitalization for vascular surgery or other reasons find their hospital stays up to 50 percent shorter with wound care center therapy approaches. Probably the most impressive cost comparison is the difference between a $40,000 amputation and the typical $8,000 to $12,000 cost for wound care center therapy.

The wound care center comprehensive therapy includes helping patients with diabetic-related problems such as recommending good nutrition and maintaining proper blood sugar levels. Other steps are taken to help diabetics prevent future non-healing wounds.

Diabetics particularly want to know how to prevent wounds from coming back. Dr. Scott says, "The clinic helps educate the diabetic patient. They see the results of the therapy, and know we can help them to not have this problem again."

Dr. Scott recommends that patients mention the wound care center to their family physicians and podiatrists who might not be aware that there is a cost-effective, proven alternative to traditional wound care and amputation.

• • •

SIDEBAR #1: SAVING YOUR FEET

Diabetics are susceptible to foot complications due to impaired circulation in their extremities and the fact that increased blood sugar levels help "feed" infectious organisms. Foot ulcers and other foot problems are so common among diabetics that they account for one-fifth of all diabetic admissions to hospitals.

So, what can you do to prevent these problems from developing? Here are some tips:

- **Daily foot inspections** — this is #1 on the list of foot problem prevention. In diabetics, early diagnosis is critical to keep infections from advancing. Check for skin cracking, redness, or ulceration, particularly between the toes.
- **Inspect shoes carefully** — watch for bumps, sharp items, worn out areas, pebbles, etc. (By the way, ALWAYS wear shoes!)
- **Cleanliness** — keep your feet clean by bathing in warm (not hot) water. Avoid soaps, which can further dry skin. Dry feet thoroughly and apply mild skin lotion to prevent cracking. Don't put creams and lotions between toes — too much moisture there can be a problem.
- **No "home surgery"** — seek professional treatment for calluses, corns, or bunions. Don't try to cut them away yourself, and avoid using chemical dissolvers, which can destroy normal skin, too.
- **Trim toenails carefully** — cut them straight across, trim them frequently and not too short. Soften nails in warm water before cutting. Have your doctor treat any ingrown toenails.
- **Avoid burns** — diabetics can have nerve damage in feet and legs that leads to loss of sensation. Use a bath thermometer to check water temperature (should be 85° to 90° F). Keep your feet warm with cotton socks, not hot water bottles or heating pads.
- **Don't smoke** — smoking aggravates the decreased circulation to the feet experienced by many diabetics.

SIDEBAR #2: SHOES AND SOCKS

Proper footwear is especially critical to prevention of diabetic foot problems. Here are some tips on selecting the safest shoes and socks:

- **Shoe fit** — select shoes that fit from day one; don't expect them to "stretch." There should be plenty of room for toes. Buy shoes late in the day, when your feet enlarge somewhat.
- **Shoe materials** — avoid plastic and vinyl ("man-made") shoe materials. Select leather shoes or the modern running or walking shoes. Shoe materials must "breathe" to ventilate your feet.
- **Shoe style** — never wear shoes with open toes or heels. Don't wear sandals, especially those with thongs between the toes.
- **Shoe inspection** — make sure shoes have no torn linings. Your doctor or podiatrist should inspect new shoes to confirm proper fit.
- **Limit shoe wearing** — don't wear shoes more than five hours at a time, then change to another pair.
- **Hosiery** — always wear socks or stockings. Avoid socks with seams, or those made of all-synthetic materials. Cotton is best. You can wear wool socks in winter if they are non-irritating. Change socks daily, and inspect them before and after wearing them. Don't wear any socks with holes or mended areas that can irritate skin.

Caring for your feet

by Michael J. DeMarco, DPM

Dr. Michael J. DeMarco is the director of podiatric education at Saint Michael's Medical Center in Newark, New Jersey, and a wound care consultant at Saint Mary's Wound Care Center in Orange. Both hospitals are divisions of the Cathedral Healthcare System in Newark.

Diabetes is a disease that affects more than just one area of the body, and so it requires a variety of specialized treatments. One area of the body that is often overlooked is the foot, which, due to its function, may cause discomfort and upset your regular daily activities.

Your feet represent the foundation of your body, and deserve at least as much attention as your hands and face, particularly if you are diabetic. Through good hygiene and regular self-examinations, complications and discomforts can be avoided.

The foot of a diabetic is subject to structural changes and arch deformities. To help avoid the problems associated with these changes, inspect your feet when you first wake up. This is an easy process, but very important. Structural changes may cause you discomfort in your shoes, or cause other foot pain due to calluses, corns, ingrown toenails or skin tears.

More people injure their feet inside the home than outside, due to walking barefoot and stepping on pins, broken glass, bumping into a chair, or other unknown elements. These injuries can go undetected, causing serious infections. Not walking barefoot, and conducting daily inspections of the foot can reduce complications.

Explanation of Some Common Foot Problems

CORNS and *CALLUSES* are regions of accumulated dead skin. Corns appear on or between the toes, while calluses form on the bottom of the foot due to pressure placed on that area. Both are potentially dangerous if neglected, because they can lead to infection. Over-the-counter remedies should also be avoided as they contain acids that may cause burns to the skin, leading to potential infections. Under no circumstance should you use a razor or knife to cut away corns or calluses. Always consult your podiatrist for treatments of these conditions.

INGROWN TOENAILS may not be painful to the diabetic due to neuropathy — a loss of feeling in the area — and may go unnoticed until there are discharges due to infection. This situation requires immediate attention, as it could lead to a more serious infection; especially so for a diabetic.

ATHLETE'S FOOT is a bacterial infection common to all people, but it is a particularly dangerous problem for diabetics as many skin tears are associated with it. This creates portals for pathogens to enter the body, making the infections more severe. Prompt treatment with antibiotics or antifungals will prevent serious aftereffects.

When purchasing footwear, be sure it fits properly, and never compromise fit for style, as it may create pressure areas — causing potential problems. When dressing, women should wear cotton-lined pantyhose, avoiding all constricting items, such as circular garters, which could cause circulatory problems. Men should wear clean cotton or wool socks that fit properly, free from pressure areas such as heavy seams or darned regions. Also, before putting on your footwear, you should feel the inside to assure that it free of any foreign materials.

As a final note, remember that we were only given one pair of feet, that have to last a lifetime. So we must take care or them in order for them to take care of us.

Letters to the editor

Edith Nelson, RN, CDE
St. Joseph Hospital
Diabetic Center
Eureka, CA
November 30, 1993

Diabetics Division
National Federation of the Blind
Columbia, MO

Dear Ed Bryant,

Thank you for a great publication. Please send me 50 copies for distribution. Your publication is very informative and inspiring.

I'm a Diabetes Educator who has had diabetes for 40 years and diabetic retinopathy with eight months of legal blindness due to hemorrhages and debris, about 15 years ago. I'm very fortunate to have regained my vision after multiple laser treatments and a vitrectomy, blood pressure reduction, and tightened diabetic control.

Needless to say, since that time, I've been a true believer in tight control of diabetes and blood pressure. Besides saving my vision, I've been able to lower my creatinine from 2.2 to 1.6 and stop the progression of neuropathy at my toes. I feel that a lot more people, visually impaired or not, could do what I have done if they had access to the tools and information necessary for liveable diabetes management.

Edith Nelson, RN, CDE

• • •

Marie Pedo
Stambaugh, MI
February 14, 1994

Ed Bryant, Editor
Columbia, MO

Dear Sir:

I have just rec'd a copy of the ***Voice of the Diabetic*** from a nurse at our local hospital. We have a diabetic support group and we are always looking for information and programs for our monthly meetings.

I would like to receive 50 quarterly copies of your magazine to be distributed to our members who would really appreciate it. This month's article "Medicare to pay for shoes for diabetics" was most helpful to several of our members. This information had not been available to us before. Thank you!

Sincerely,
Marie Pedo

• • •

Georgetown University
Medical Center
Division of Endocrinology
Washington DC
January 5, 1994

Mr. Ed Bryant
Editor, ***Voice of the Diabetic***
Columbia, MO

Dear Mr. Bryant,

I am pleased to enclose a check in the amount of $20 made payable to the National Federation of the Blind. Please accept this as our donation from the Division of Endocrinology at Georgetown University Medical Center.

Good luck with your annual fund.

Sincerely,
Kim S. Rosenberg
Administrator

• • •

Marie Scinto
Rye, NY
January 25, 1994

Voice of the Diabetic
Columbia, MO

Dear Staff,

Your Winter edition was excellent — it was very informative. It always is, but more so, this time ...

Sincerely,
Marie Scinto

• • •

Kathryn Torrey, RN, CDE
Diabetes Education Coordinator
Good Shepherd Hospital
Barrington, IL
February 10, 1994

Voice of the Diabetic
Columbia, MO

Dear "Voice":

I am a Certified Diabetes Educator, and have recently started monthly education classes as well as private counseling and monthly support group at Good Shepherd Hospital in Barrington, Illinois. We would like to receive 100 copies per quarter for our outpatients and inpatients, as well as those patients who attend our support groups and education classes. This is an excellent opportunity to offer your excellent newspaper to our newly diagnosed as well as those needing continuing support.

We have a growing support group, and I would like to introduce your paper at the next meeting. Thanks for your excellent publication and I look forward to being able to offer it to our patients and their families. Thank you.

Sincerely,
Kathryn Torrey, RN, CDE

• • •

Good Samaritan Hospital
Chronic Dialysis Center
Bay Shore, Long Island, NY
December 21, 1993

Ed Bryant, Editor
Voice of the Diabetic
Columbia, MO

Dear Mr. Ed Bryant,

Enclosed is our contribution of $25, as we have found the ***Voice of the Diabetic*** very helpful for our patients.

Very Truly,
Ellen Marchese
Harriet Kalet
Tracy Bowden
Marie Rhymer

• • •

Earl Winterroth
Oakland, CA
December 24, 1993

Ed Bryant, Editor
Voice of the Diabetic
Columbia, MO

I am a volunteer announcer for Broadcast Services for the Blind. I have a one-hour assignment each week. They're affiliated with the Rose Resnick Lighthouse, performing a 24 hour, 7 days weekly service for the visually impaired.

It was after one of my announcing duties that I noticed your ***Voice of the Diabetic*** Fall edition 1993, and found it extremely interesting. In the morning I read the front page article, "Neuropathy ..." over the air.

I've enclosed a check for $25 — hoping that this can help a bit.

Earl Winterroth

Ann Terry is a registered dietitian who works at the State Hospital in Fulton, Missouri, and at the Veterans Administration Hospital of Columbia, Missouri. She graciously calculates the diabetic exchanges and food values for our recipes.

Send your great ideas to the editor. He is the official taste tester and needs recipes to test his taster.

Baked Stew

from Gail Bryant
of Columbia, MO

(Note: If you are constantly on the go or don't want a messy rangetop, this recipe is just for you.)

2 lbs. stewing beef, diced
2 tbs. flour
1 bell pepper, diced
2 tbs. shortening
6 stalks diced celery
6 carrots, diced
4 potatoes, peeled and sliced small
1 cup water
1 lb. fresh green beans, cut up
Salt and pepper to taste

Roll meat in flour. Brown in shortening. Add onion and bell pepper and brown. Arrange meat and browned vegetables in baking dish. Add celery and carrots. Cover with water. Bake 1½ hours. Add potatoes and green beans. Bake an additional 1½ hours.

Yield: 8 servings; Calories: 300; Diabetic Exchanges: 1½ meat, 1 bread, 2 vegetable, 1 fat.

Green Beans with Mushrooms & Garlic

from Anonymous

(NOTE: This recipe appeared in a newspaper. When it arrived at the ***Voice*** office, the paper's name or submitter was not supplied.)

1 pound fresh or frozen whole green beans
1 small onion, thinly sliced
2 cloves garlic, minced or crushed
1 cup fresh sliced mushrooms
1 tablespoon olive oil
1/4 teaspoon each: ground cumin, ground coriander
Dash freshly ground pepper
1/8 teaspoon salt, optional

Trim fresh beans. Combine with 2 tablespoons water in a microproof 1½-quart casserole. Microwave, covered, on high 8 to 10 minutes or until crisp-tender. Drain; set aside. In microproof 1-quart casserole combine onion, garlic, mushrooms and olive oil. Microwave, covered, on high 1 minute or until tender. Stir in remaining ingredients. Microwave, covered, on high 40 seconds. Toss with cooked beans.

Yield: 6 servings; Calories: 50 per serving; Diabetic Exchanges: 1 vegetable, 1/2 fat.

Krupsua (Finnish Oven Pancakes)

from Marsh Mayry
of Rapid City, SD

2 cups milk (2% milk)
1 egg
1 cup flour
pinch of salt
1/4 cup melted butter

Melt butter on cookie sheet in 350 degree oven. Mix other ingredients together. Pour into cookie sheet and bake for 40 minutes. Serve with butter, syrup, sprinkled with sugar or jelly.

Yield: 9; Calories: 125; Diabetic Exchanges: 1 bread, 1 fat.

Raspberry Sour Cream Dip

This recipe appeared in the Volume 1, Number 1, August 1993 issue of the *Equal Sweet News*,® reprinted with permission. Equal® Sweetener is a registered trademark of the NutraSweet Company.

1 cup non-fat sour cream
1 cup low-fat custard-style raspberry yogurt
2 tablespoons minced or 1½ teaspoons dried mint leaves
2 teaspoons grated lemon rind
1 to 1¼ teaspoons Equal® Measure™
Assorted fresh fruit, sliced and cubed

Mix sour cream, yogurt, mint, lemon rind, and Equal® Measure™; refrigerate several hours for flavors to blend. Spoon dip into bowl; serve with fruit for dipping.

Yield: 2 cups. Nutrition information per 1 tablespoon serving: 25 calories, 2 g. protein, 5 g. carbohydrate, trace fat, less than 1* mg. cholesterol, 19 mg. sodium. Diabetic Exchanges: 1/2 fruit.

When sugar is okay to eat

It's okay for most people with diabetes to eat a little sugar every so often.

But don't run out and celebrate with a candy bar. The important phrases are "most people," "a little sugar," and "every so often."

What is a "little sugar"? American Diabetes Association recipe guidelines say 1 teaspoon (5 grams) of sugar (or other sweetener with calories) per serving of a recipe is okay. Note that the sugar is included in a recipe that's part of a meal, not eaten by itself.

How often is "every so often"? And am I one of "most people"? That you'll have to work out with your doctor or dietitian. It may be that you can eat a serving of something with sugar every day. Or you may not be able to eat any sugar at all without your blood glucose shooting up.

Work with your doctor or dietitian to find out. He or she can tell you how to add up the sugar in foods and help you monitor your reaction to eating a food with a little sugar. Testing your blood glucose before and after meals will help you see whether sugar in some meals has an effect.

What happens if small amounts of sugar have no bad effects on you? Then you should look at recipes you make at home. There are 12 teaspoons in 1/4 cup. So it's clear that a recipe with 1/4 cup sugar is only okay if it makes 12 servings or more.

Packaged foods at the store give you clues in their ingredient list. Items are listed in order of weight, starting with the ingredient that weighs the most. But the list does not tell the exact amounts of each ingredient. Also, sugar may appear several times on the list under different names. Luckily, new government rules will make companies put better nutrition information on their products. The new label will tell you how many grams of sugar are in each serving (see box below).

You still need to make sure that sugar is not hiding behind some other name. Learn the names that companies use to sneak sugar into foods — or better yet, cut out the box at right and take it with you to the grocery.

Another thing to note is the serving size. New government rules say that companies must use more-realistic serving sizes. Even so, how much you eat of a food may not be the same as what someone else eats. Before assuming you'll get less than a teaspoon of sugar in what you eat, check out the serving size.

A Sugar By Any Other Name

There are many types of sugars in nature. Regular table sugar is called **sucrose;** you can recognize some other sugars because their chemical names also end in -ose. These include **glucose** (also called **dextrose**), **fructose** (also called **levulose**), **lactose,** and **maltose.** (Ask your dietitian about fructose and lactose — these may be safe for you to eat in moderate amounts.) Another kind of sugar is "sugar alcohols": **dulcitol, xylitol,** and **mannitol.** These may not raise your blood sugar as much as sucrose.

In addition, sucrose is known by several names, depending on its form and how it was processed. Molasses, beet sugar, brown sugar, cane sugar, confectioner's sugar, powdered sugar, raw sugar, turbinado, maple syrup — all are basically just table sugar.

Other natural and processed foods are very high in sugars. These foods should be eaten as cautiously as foods with sucrose. These foods include carob powder, corn syrup, starch syrup, sugar cane syrup, honey, sweetened condensed milk, and chocolate.

(*Note:* Reprinted with permission from *Diabetes Advisor*, Volume 1, No. 4. Copyright © 1993 by the American Diabetes Association, Inc. The American Diabetes Association has many publications to help you live better with diabetes. For membership information, call the American Diabetes Association, Inc. at 1-800-232-3472, ext. 343.)

Just a Spoonful Of Sugar ...

New food labels will help you find out if a food has too much sugar. By May 1994, all packaged foods should have switched over to the new label. Under "Total Carbohydrate," the new label will tell you how many grams of sugar the food contains per serving. Remember, 1 teaspoon of sugar equals 5 grams.

In the meantime, some food labels have a box called "Carbohydrate information." It tells you how many grams of "simple sugars" are in a serving. Also, sometimes you will be able to guess how much sugar something has from the ingredient list. If there's more cayenne pepper than sugar, for example, you're pretty safe assuming there's not much sugar.

You should be aware that both old and new labels count lactose (which is found in milk) and fructose (which is found in dried and fresh fruits and fruit juices) as sugars. Lactose and fructose do not make glucose levels jump as badly as table sugar in most people. As a result, although a raisin cereal served with milk has far more than 5 grams of sugar per serving, it may be safe for you to eat. You should talk to your dietitian about lactose and fructose.

New vitamin and mineral supplement for diabetics

From the Editor: I recently received a bottle of these pills. I've tried them myself, and I've conversed with their inventor, Professor Campbell. This product should be good for all diabetics. I have included the following information so that both consumers and health care professionals can evaluate DiabetiVite Plus.

Jordan Medical Enterprises is pleased to announce the release of DiabetiVite Plus, the first vitamin and mineral preparation for people with diabetes.

DiabetiVite Plus is a supplement to healthy eating. It contains 100% (or more) of the recommended daily allowance for all vitamins, plus important minerals and trace elements, all in non-toxic doses and proportions that are optimal for the patient with diabetes. It is a powerful antioxidant, with high concentrations of Vitamins A (as beta carotene), C, and E.

DiabetiVite Plus was developed by R. Keith Campbell, R.Ph., Associate Dean/Professor of Pharmacy Practice at Washington State University and nationally recognized expert on diabetes. Professor Campbell's interest in nutritional supplements was prompted by his observations that many people with diabetes do not maintain healthy eating habits. Further, he began to note the growing number of scientific reports regarding micronutrient deficiencies associated with diabetes and its various complications. Professor Campbell, who himself has diabetes, discovered increasing evidence in the medical literature that vitamins, minerals, and trace elements affect insulin metabolism, blood sugar levels, and

Diabetivite

may inhibit or prevent harmful cell damage.

To approximate the value of DiabetiVite Plus, a person with diabetes would be required to take:

- A high-potency multivitamin
- Antioxidant supplements — Vitamins A, C, and E
- Mineral supplements — Magnesium and Chromium
- Supplements of Citrus Bioflavinoids — Inositol, and Vanadyl Sulfate

DiabetiVite Plus is more convenient and economical than a comparable assortment of vitamins, minerals, and trace elements obtained through products not specifically developed for persons with diabetes.

Suggested retail price for a bottle of 120 pills (30 days' supply): $16.95. For further information, please contact: Jordan Medical Enterprises, Inc., 12555 Garden Grove Blvd., Suite 507, Garden Grove, CA 92643; phone: (800) 541-1193.

DiabetiVite Plus compared with Recommended Daily Allowances

	DiabetiVite Plus	% RDA
Vitamin A	2000 IU	240%
as Bela Carotene	10,000 IU	
Vitamin C	500 mg	833%
Vitamin E	800 IU	2667%
Folic Acid	400 mcg	100%
Thiamine (B1)	1.5 mg	100%
Riboflavin (B2)	1.7 mg	100%
Niacinamide	20 mg	100%
Vitamin B6	2 mg	100%
Vitamin B12	6 mcg	100%
Vitamin D3	600 IU	150%
Biotin	30 mcg	10%
Pantothenic Acid (B5)	10 mcg	100%
Vitamin K	25 mcg	*
Iodine	150 mcg	100%
Iron	15 mg	83%
Calcium	80 mg	8%
Magnesium	400 mg	100%
Copper	2 mg	100%
Zinc	15 mg	100%
Phosphorus	20 mg	2%
Chromium	50 mcg	*
Manganese	2.5 mg	*
Molybdenum	25 mcg	*
Selenium	25 mcg	*
Vanadyl Sulfate	6.5 mg	*
Citrus Bioflavinoids	50 mg	**
Inositol	50 mg	**

(NOTE: "*" = U.S. Required Daily Amount not yet established;

"**" = human need for this nutrient not yet established.)

What you always wanted to know but didn't know where to ask

(Resource list)

Inclusion of materials in this publication is for information only and does not imply endorsement by The Diabetics Division of the NFB.

New Resource List

The Diabetics Division of the NFB has an updated "Resource List of Aids and Appliances." The Resource List is a compilation of companies and individuals offering products and/or information for diabetics, especially those who are blind or are losing vision, to help them self manage their diabetes. This comprehensive list is arranged under five subject categories: General and Miscellaneous, Automatic Insulin Injection Systems, Blood Glucose Monitoring Systems, Insulin Pumps, and Large Distributors of Diabetes Equipment and/or Supplies.

The blind can and do accurately draw up insulin, monitor blood glucose, etc. They can continue being independent, and by using alternative techniques and products, they can control their diabetes as efficiently as do their sighted peers. Limitations are usually self-imposed — often all that is needed to overcome negative thinking is simply to know where to go for information.

The new Resource List costs $2.00 per copy and is available in Braille, print, and audiocassette. Make checks payable to National Federation of the Blind (Visa, Mastercard or Discover also accepted). Order from: National Federation of the Blind, Materials Center, 1800 Johnson Street, Baltimore, MD 21230; telephone (410) 659-9314.

Products for Blind Diabetics

The National Federation of the Blind (NFB), the largest and oldest organization of blind people in existence, has a Materials Center offering a wide selection of aids and appliances for blind people of all ages. A non-profit organization, the NFB is not seeking retail price income from the items it sells. Since there is a high incidence of blindness from diabetes, the NFB Materials Center is now offering the following products at substantially reduced prices.

- **Low Dose Count-A-Dose Insulin Measuring Device:** Calibrated for use with B-D 1/2 cc syringes only. Turning a thumb-wheel produces clicks, heard and felt, that measure one-unit increments. Holds one or two vials of insulin for mixing; needle penetrates vial stopper automatically. Print and cassette instructions. Cost: $40.
- **Count-A-Dose Insulin Measuring Device:** Very similar to above, but uses B-D U-100 1 cc syringes only, and measures in two-unit increments. May be a good choice for diabetics who draw larger doses of insulin. Out of production; limited supply available. No cassette instructions. Cost: $40.
- **LifeScan One Touch II Blood Glucose Monitor:** Provides accurate results in 45 seconds. No cassette

(Continued on page 16)

Board Members

The Diabetics Division of the National Federation of the Blind.

Ed Bryant, President, 811 Cherry Street, Suite 309, Columbia, MO 65201; Phone: (314) 875-8911

Janet Lee, Vice-President, 555 199th Ave. NE, Cedar, MN 55011; Phone: (612) 434-7933

Lorri Riddle, Vice-President, 425 5th St. E., Twin Falls, ID 83301; Phone: (208) 734-8636.

Bill Parker, Treasurer, LaFayette Tower, 4601 Mayflower Rd., Apt. 2D, Norfolk, VA 23508; Phone: (804) 623-1638

Tom Ley, Secretary, 2514 Deas St., Bossier City, LA 71111; Phone: (318) 746-0356

Peoplepops® and Peopledrops™

by Ed Bryant

Correspondence recently received from Maury Rosenbaum, publisher of *The Diabetic Traveler,* contained a proposal which could generate income for the Diabetics Division of the National Federation of the Blind. Mr. Rosenbaum (himself an insulin-dependent diabetic) proposed that if I, as editor of the ***Voice of the Diabetic,*** made readers aware of PeoplePOPS® and PeopleDROPS™, our Diabetics Division would receive 15% of gross sales of these sugar-free products. Samples accompanied his communication.

As ***Voice*** readers know, I am extremely cautious about mentioning any edible product without first thoroughly checking it out. After all, that is one of my duties as the official taste tester. Regardless of the potential revenue, I do not endorse products which might harm diabetics. On the other hand, when I find a sugar-free sweet treat perhaps suitable for diabetic consumption, I am pleased to make readers aware of its availability.

Because of our diabetes diet, we can't readily partake of those delicious products containing sugar. We are limited to those sugar free and low in fat. Some are so bland and flavorless that they provide us no enjoyment. Such is not the case with PeoplePOPS® and PeopleDROPS™. I found wonderful, true flavors in the mixed sample bag. This product satisfied my sweet tooth.

As with any other sugar free product, use should be in moderation. Although these candies' calories are few, they still have to be counted and figured in the diabetic meal plan. Candies such as these contain no vitamins, and have no nutritive value, but their calories are real, and must be accounted for. For example, four PeopleDROPS™ would raise blood sugar about as much as would one serving of fruit. Consult with your health team to find out how much you can safely eat.

PeoplePOPS® lollipops are available in 13 flavors, and PeopleDROPS™ individually wrapped hard candies are available in 16 flavors. In addition to being sugar free, these sweet treats do NOT contain saccharin, NutraSweet®, artificial flavor, artificial color, salt, fat, cholesterol, preservatives, MSG, or added caffeine. The lollipops have 40 calories; the drops contain 15 calories and 3 grams of carbohydrate each. All are sweetened with Maltitol Syrup, a natural, slowly-metabolized complex carbohydrate derived from corn. Flavors are fruit and vegetable based. PeoplePOPS® are available in the following flavors: double chocolate fudge, tangy citrus parfait, very cherry, hot 'n spicy cinnamon, give me grape, red ripe raspberry, orange zip, pink grapefruit, lickin' lemon, frosty chocolate mint, pineapple, banana, and lime rickey. PeopleDROPS™ are available in the following flavors: chocolate, cherry, lemon, mocha, coffee, mint, citrus, raspberry, grape, orange, grapefruit, lime, banana, pineapple, cinnamon and choco-mint. Of these flavors, my personal favorite is chocolate.

Remember, your Diabetics Division will receive 15% of gross sales. In addition to satisfying your sweet tooth, you can help the Division by placing an order. Your friends and family will love them too! Order lots of Pops and Drops, but remember to indulge in moderation. Use the order form below.

ORDER FORM

Item	# of Bags	$ per Bag	Total
PeoplePOPS® (6 per bag) assorted flavors	_____	$ 2.29	$ _____
PeopleDROPS™ (3 ounces) assorted flavors	_____	$ 1.59	$ _____
JUMBO PACKAGE — 20 bags (10 bags of PeoplePOPS® & 10 bags of PeopleDROPS™)	_____	$ 35.95 per jumbo package	$ _____
Shipping/handling			$ 4.00
6% sales tax (CT residents only)			$ _____
		TOTAL	$ _____

Please make check or money order payable to Mercury Marketing, and mail to PO Box 8223-RW, Stamford, CT 06905. Minimum order — $15.00. 30-day money back guarantee if not completely satisfied.

Name _____

Address _____

City/State/Zip _____

Convention 1994:
Make plans for the biggest and best

by Kenneth Jernigan

Kenneth Jernigan is President Emeritus of the National Federation of the Blind. The Federation has more than 50,000 members.

From The Editor: This article appeared in a recent issue of the ***Braille Monitor,*** *published by the National Federation of the Blind. The March '94* ***Monitor*** *carries further information about the convention, including tours. If you would like to be placed on the* ***Braille Monitor*** *mailing list, please contact: The* ***Braille Monitor,*** *National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230; telephone: (410) 659-9314. The* ***Monitor*** *is available in print, Braille, or 15/16 IPS audiocassette for the blind.*

The time has come to plan for the 1994 convention of the National Federation of the Blind. As Federationists know, our recent national conventions in New Orleans, Charlotte, and Dallas have been record-breaking in every sense of the word — excellent programs, good facilities, and wonderful hospitality. However, Detroit in '94 promises to be the best we have ever had.

We are going to the Westin Hotel at the Renaissance Center in Detroit. You have to be there to believe it. The hotel is over 70 stories high with a revolving restaurant at the top, giving a view of Canada and adjacent areas in Michigan. Mrs. Jernigan and I were there in late October to meet with Michigan leaders and make plans; and as we walked through the extensive facilities, I was repeatedly impressed and pleased. As one example, at the third-floor level there are two huge outdoor grassy lawns, totalling almost 40,000 square feet. What a wonderful spot for a Fourth of July evening outdoor picnic and barbecue — high above the traffic and noise and immediately adjoining our meeting rooms!

As usual, our hotel rates are the envy of all who hear about them. For the 1994 convention they are: singles, $38; doubles and twins, $43; triples, $45; and quads, $48. In addition to the room rates, there will be a tax, which at present is 12 percent. There will be no charge for children in a room with parents as long as no extra bed is required.

In recent years we have sometimes taken hotel reservations through the National Office, but for the 1994 convention you should write directly to **Westin Hotel, Renaissance Center, Detroit, Michigan 48243, Attention:**

Friday, July 1 — seminars for parents of blind children, blind job seekers, vendors and merchants, and several other workshops and meetings
Saturday, July 2 — convention registration, first meeting of the Resolutions Committee, some other committees, and some divisions
Sunday, July 3 — meeting of the Board of Directors (open to all), division meetings, committee meetings, continuing registration
Monday, July 4 — opening general session, evening picnic and gala
Tuesday, July 5 — general sessions, tours
Wednesday, July 6 — general sessions, banquet
Thursday, July 7 — general sessions, adjournment

Reservations; or call (313) 568-8000. Westin has a national toll-free number, but do not (we emphasize ***NOT***) use it. Reservations made through this national number will not be valid. They must be made directly with the Westin in Detroit. The hotel will want a deposit of $45 or a credit card number. If a credit card is used, the deposit will be charged against your card immediately, just as would be the case with a $45 check. If a reservation is cancelled prior to June 20, 1994, the entire amount of your deposit will be returned to you by the hotel. Requests for refunds after June 20, 1994, will not be honored.

Here are the convention dates and schedule:

Remember that we need door prizes from state affiliates, local chapters, and individuals. Prizes should be relatively small in size and large in value. Cash is always popular. In any case, we ask that no prize have a value of less than $25. Drawings will be made steadily throughout the convention sessions. As usual, the grand prize at the banquet will be spectacular — worthy of the occasion and the host affiliate. The 1993 grand prize was a thousand dollars in cash. The 1994 grand prize will be at least as

(Continued on page 19)

What you always wanted to know but didn't know where to ask

(Continued from page 14)

instructions for the blind included. Cost: $120. The Materials Center offers test strips for this glucometer; a bottle of 50 is priced at $33.

• **Voice Synthesizer for the Life-Scan One Touch II:** This module, the Voice-Touch, attaches firmly to the glucometer, providing audio output. A switch allows choice of male or female enunciation. The voice-synthesizer is shipped with large print and easy-to-understand cassette instructions. Cost: $199. Optional AC adaptor costs $11. The NFB offers the combination (meter plus module) for $334.

• **Talking Blood Pressure Meter:** Gives systolic/diastolic and pulse readings, both spoken and on oversize LCD display. Portable, runs on four AA batteries (included). Cost: $165. The unit is shipped with a standard size cuff. Smaller cuffs cost $15, and larger cuffs are available for $20 each.

• **Talking Clinical Thermometer:** Provides audible readout of body temperature. Cassette instructions. Cost: $49.

To order any of the above, or to receive a free products catalog, in Braille or print, contact the National Federation of the Blind, Materials Center, 1800 Johnson Street, Baltimore, MD 21230; telephone: (410)-659-9314. Visa, Mastercard, Discover, or personal check accepted. On orders totalling more than $100, there is no shipping charge.

Meal Planning Videos

Dietitian Claire Hammer, RD, CDE, has created two videos focused on diabetic meal planning. Both emphasize weight control, fat control, and working with the ADA exchange list. "Healthy Meal Planning — at Home" (supplied with six copy-ready bold-print handouts) deals with food preparation and portion sizes, while "Healthy Meal Planning — Away from Home" (supplied with three copy-ready handouts) includes travel tips, plan-ahead strategies, and ways to select from restaurant menus. Both are offered in VHS videocassette, at a cost of $49.95 each. For further information contact: Healthy Meal Planning, c/o Claire C. Hammer, RD, CDE, 524 Sherman Drive, Marshall, MI 49068-9624.

New Video

"Parenting a Diabetic Child — The Video," is a personal, parent-to-parent talk about living with the emotional and psychological challenges of diabetes. It features three sections: Diagnosis, Coming Home, and What Lies Ahead. All material presented has been reviewed by diabetes educators and endocrinologists. The tape is available in English or Spanish, for a price of $20.00 plus $2.00 shipping.

For further information, or to order, contact: Gloria Loring Video, c/o AADE Education & Research Foundation, 444 N. Michigan Ave., Suite 1240, Chicago, IL 60611.

From the Librarian

Cheryl Smith, Chairwoman of our Diabetics Division Resource Library Committee, has information on many aspects of diabetes, available on audio cassette and in print.

Cassette titles include: High and Low Blood Sugar and Healthy Hygiene, Nutrition, Personal Care Record with Food Diary, Diabetes Mellitus — General Information, Cyclosporine Measuring Device for the Blind, Urine Testing and Insulin Facts, Diabetes Control, Diabetes and Male Impotence, Selections from ***Voice of the Diabetic*** (recorded at 15/16 IPS, containing: "Blind diabetics can draw insulin without difficulty," "Arthritis and diabetes; a common association," "Transplant patients speak," "Renal failure, dialysis and transplantation," "Diabetic gastroparesis," and "Diabetic men, impotence, and how to prevail").

Cheryl reports that she also has considerable print literature on diabetes. Articles are available in the following categories: Beating Diabetes; Diabetic Disorders; Diabetes — General Information; Diabetes in Men; Diabetes in Women; Flying Solo — Managing Diabetes Alone; Hypoglycemic Reactions; Insulin; Neuropathy; Diabetic Retinopathy; Cyclosporine Measuring Device; Juvenile Diabetes; Blind Diabetics Can Draw Insulin Without Difficulty, and Transplants — Kidney and Pancreas.

Cassettes cost $2.00 each. For material in print format, enclose SASE. Please make tax-deductible checks payable to the National Federation of the Blind. Send orders to Cheryl Smith, 7717 Eastern Ave., Apt. B, Dallas, TX 75209; telephone: (214) 352-4974.

New Exercise Video

With the help of leading medical advisors, Stadtlanders Pharmacy has created the "Stadtlanders Stars for Life Fitness Video," the first and only exercise video designed especially for transplant patients.

The 45-minute, low-impact cardiovascular workout includes a warm-up and stretch; an aerobic section; an abdominal section; and a cool-down. It is designed for transplant recipients, to improve circulation, increase stamina, and strengthen muscles.

The video is distributed free of charge to transplant recipients and health-care professionals who work with transplant patients on a daily basis. To receive a free copy, call (412) 824-2487.

Diabetes Educators

The American Association of Diabetes Educators (AADE) maintains a list of diabetes educators in different parts of the country. To find a diabetes educator near you, call 1-800-832-6874.

The ADEVIP Monitor

ADEVIP stands for Adaptive Diabetes Education for Visually Impaired Persons, and *The ADEVIP Monitor* is a new newsletter produced by the Visually Impaired Persons Specialty Practice Group, part of the American Association of Diabetes Educators. In the words of its editor, Ann S. Williams: "*The Monitor's* purpose is to provide a means of communication for professionals who help to meet the unique self-care needs of people who live with both diabetes and visual impairment. The main readers of this newsletter will probably be diabetes educators and rehabilitation teachers; however, anyone who is interested is welcome to subscribe."

The ADEVIP Monitor is available in print, Braille, cassette, or computer disk. Published three times a year; subscription costs $5.00 per year. Please make checks payable to Cleveland Sight Center, and send to: Ann S. Williams, RN, CDE, 1909 East 101 Street, Cleveland, OH 44106; telephone: (216) 791-8118, extension 248.

Generic Test Strips

Can-Am Care Corporation manufactures many discount-priced diabetes supplies, including Dex4 glucose tablets, E-ZJect lancets, and the Quick Check line of generic test strips. Its test strip lineup now includes those for the LifeScan One Touch blood glucose monitor. For further information, or to receive their "Questions and Answers" pamphlet, contact Can-Am Care Corporation at: 1-800-461-7448.

New Book

Prana Publications and Jeremy P. Tarcher/Putnam Books announce publication of the Third Edition (revised and expanded) of *The Diabetic's Book,* by June Biermann and Barbara Toohey. This book incorporates the latest technical developments and possibilities, results of the DCCT, a complete weight-loss program for type II diabetics, and answers to more than 130 of the most frequently asked questions about diabetes.

The first two editions of *The Diabetic's Book* have received widespread acclaim and acceptance, and this new edition is sure to be as useful. Published by G.P. Putnam's Sons, costs $12.95 in paperback, ISBN 0-87477-773-9.

Food for thought

We invite blurbs and tidbit articles for inclusion in this column. Materials received may be edited and used as space permits. Products and services included in this column are for information only and do not imply endorsement by The Diabetics Division of the NFB.

THANK YOU, THANK YOU!

Veteran volunteer Dennis Snell, of Columbia, MO, has graciously donated his time and expertise to the ***Voice*** since its inception in 1986. His skill in all facets of computer work has been critical to our success. He has custom-written many programs for the Diabetics Division.

Recently, our growing subscriber files threatened to overwhelm our old computer. Dennis, our most consistent donor, gave us a new, faster computer with a much bigger hard drive. This deeply appreciated gift is worth many hundreds of dollars.

Because of donations and loyal volunteers like Dennis Snell, we can continue to offer the ***Voice*** free of charge. All of us thank you.

Toothbrush Treatment

We have been asked to announce: Applied Microdontics, Inc. offers NuBrush Antibacterial Toothbrush Spray, a product designed to reduce and inhibit the microorganism growth that occurs on your toothbrush between uses. Recent studies have shown that diabetics are at higher-than-normal risk for developing periodontitis, a severe form of gum disease, and that one pathway for such infections is the toothbrush. NuBrush, sprayed on the toothbrush after use, leaves it sanitary for the next use.

For further information, contact: Applied Microdontics, Inc., 24681 La Plaza Drive, Suite 310, Dana Point, CA 92629; telephone: (714) 489-7550.

For Sale

Diascan Partner blood glucose meter with voice enunciation, new, never used, with carrying case and

cassette. The seller won it, but already uses the Diascan SVM. Although suggested retail price of this item is $399, this one will sell for $200. Contact Daryel White, 1038-B Stoney Meadow Lane, Valley Park, MO 63088; telephone: (314) 225-2472.

1994 Transplant Games

The 1994 U.S. Transplant Games will be held August 3-7, on the campus of Emory University, in Atlanta, GA. Conducted by the National Kidney Foundation, this Olympic-style event will offer athletic competition in 13 sports. More than 1000 transplant athletes, from all 50 states, are expected to compete. The contests are open to anyone with a life-saving organ transplant who has their doctor's approval to participate.

For more information, contact: 1994 U.S. Transplant Games, c/o The National Kidney Foundation, Inc., 30 East 33rd Street, 11th Floor, New York, NY 10016; telephone: 1-800-622-9010.

How Do You Do It?

Voice of the Diabetic invites blind diabetics, and those with fluctuating vision, to tell us how you place blood on test strips, how you measure insulin, and any other facet of diabetes self management. Contributions from health professionals are sought as well. It is our intention to share with readers how others get the job done. Please send your suggestions to the ***Voice*** editorial office.

Cigarettes and IDDM

Ophthalmology magazine, No.100, 1993; pages 1133-1139, carried an article by G. Marshall, S.K. Garg, W.E. Jackson, et. al., titled: "Factors influencing the onset and progression of diabetic retinopathy in subjects with insulin-dependent diabetes mellitus." This study analyzed data from 277 patients with insulin-dependent diabetes, with a follow up of 2.7 years. A Markov model was used to analyze univariate and multivariate effects in the progression of diabetic retinopathy. Duration of diabetes and mean glycosylated hemoglobin levels were markedly associated with the onset and progression of retinopathy. Cigarette smoking and diastolic blood pressure were similarly associated with the progression of retinopathy.

Guide Dog Schools

Ed Eames and his wife Toni are active members of the National Federation of the Blind and its National Association of Guide Dog Users division. Following is a list of guide dog school which Ed has compiled.

Eye Dog Foundation, 8252 South 15th Ave, Phoenix, AZ 85041; telephone: (602) 276-0051

Fidelco Guide Dog Foundation, P.O. Box 142, Bloomfield, CT 06002; telephone: (203) 243-8447\

Freedom Guide Dogs, Inc., P.O. Box 144, Clinton, NY 13323; telephone: (315) 822-5132

Guide Dog Foundation for the Blind, 371 Jericho Turnpike, Smithtown, NY 11787; telephone: 1-800-548-4337

Guide Dogs for the Blind, Inc., P.O. Box 1200, San Rafael, CA 94915: telephone: (415) 499-4000

Guide Dogs of the Desert, P.O. Box 1692, Palm Springs, CA 92263; telephone: (619) 329-6257

Guiding Eyes for the Blind, Granite Springs Road, Yorktown Heights, NY 10598; telephone: 1-800-942-0149

Guide Dogs of America (formerly International Guiding Eyes), 13445 Glen Oaks Blvd., Sylmar, CA 91342; telephone: (818) 362-5834

Kansas Specialty Dog Service, Highway 36, P.O. Box 216, Washington, KS 66968; telephone: (913) 325-2256

Leader Dogs for the Blind, 1039 Rochester Road, Rochester, MI 48063; telephone: (313) 651-9011

Northwest Guiding Eyes, Inc., P.O. Box 580, Sandy, OR 97055; telephone: (503) 637-3655

Pilot Dogs, Inc. 625 West Town St., Columbus, OH 43215; telephone: (614) 221-6367

The Seeing Eye, Inc., P.O. Box 375, Morristown, NJ 07960; telephone: (201) 539-4425

Southeastern Guide Dogs, Inc., 4210 77th St. East, Palmetto, FL 33561; telephone: (813) 729-5665

Upstate Guide Dog Association, P.O. Box 165, Hamlin, NY 14464; telephone: (716) 964-8815

To Our Readers

To hold down costs, both the ***Voice*** and many of our Divisional mailings are sent via "bulk mail." When we have your current address, this works very well, but when we don't, the Post Office throws it away, or returns it to us with a hefty "postage due" attached. They do NOT automatically forward bulk mail!

If you move, please let us know promptly. If the ***Voice*** doesn't follow you to your new address, we may not have your new address. Don't miss a single issue.

For Sale

Disetronic H-TRON V100 Insulin Pump, a large amount of supplies, and the complete information booklet supplied by the factory. $1500 or best offer. Call Cheryl, in Yuba City, CA, at (916) 674-7106.

Humor

The following appeared in *The Bell, the Clapper, and the Second Cord; Wit and Witticism, Volume II*, a collection of humor from NFB Presidential Releases, published by the National Federation of the Blind.

• There was the man who heard that three-fourths of all accidents happened within ten miles of home — so he moved.

• Did you hear about the midget who walked into the bar and kissed everyone in the joint?

• What is most useful when it is used up? An umbrella.

National Convention

The annual convention of the National Federation of the Blind will be held this year in Detroit, Michigan and attended by approximately 3000 blind citizens. There will be fellowship and learning, informative program items, and exhibits of the latest technology for the blind, as well as literature in Braille, print and on tape covering all aspects of blindness. Also there will be exciting tours which are always fun.

The convention will be held at the Westin Hotel at the Renaissance Center in Detroit, from Friday, July 1, 1994 to Thursday, July 7, 1994. The hotel rates are as follows: single, $38; double or twin, $43; triples, $45; and quads, $48. In addition, there will be at least a 12% sales tax. For reservations, contact Westin Hotel, Renaissance Center, Detroit, Michigan 48243, ATTN: Reservations; telephone: (313) 568-8000. The Westin has a national toll-free number, but do NOT use it. Reservations must be made directly with the Westin in Detroit; any made through their national number will not be valid. All major credit cards will be accepted. When making reservations be sure to mention that you will be attending the National Federation of the Blind convention. This convention is going to be great, so start packing and we'll see you there!

Diabetics Division Seminars at NFB 1994 Convention in Detroit

The NFB Diabetics Division will hold two seminars at this year's National Federation of the Blind annual convention. The first will cover technology for diabetes self-management by the blind. Discussions will feature adaptive insulin measuring devices and blood glucose monitors with voice-enunciation. The meeting will take place at the Westin Hotel, Saturday, July 2, from 2:00 to 4:00 p.m.

The second seminar is our yearly Diabetics Division conference/business meeting. A keynote address is being arranged, probable subject to be organ transplantation. This meeting will take place on Sunday, July 3, beginning at 6:30 p.m. Seminar locations will be listed in the agenda, available at the registration table.

Plan, prepare, and be rewarded. This year's convention will be great!

Dialysis

During this year's national convention in Detroit, Michigan (Friday, July 1 through Thursday, July 8), dialysis will be available.

Individuals requiring dialysis must have a transient-patient packet and a physician's statement filled out prior to treatment. Patients should have their dialysis unit contact the desired location in the Detroit area for instruction on what must be done. A mandatory prepayment of 20 percent (approximately $26) must be paid before each treatment. This amount is not covered by Medicare.

Please schedule treatments early as space is limited. Most dialysis locations require at least a 30-day advance notification, and service is provided on a first-come first-serve basis.

For transportation to and from dialysis centers within the Detroit city limits, contact: The Suburban Mobility Authority for Regional Transportation, "SMART;" telephone: (313) 961-6030. Fare from the Westin Hotel, the convention site, to and from dialysis locations, $1 each way. Call 10 days prior. NOTE: SMART only serves locations within Detroit proper.

Dialysis Locations:

1. BMA of Detroit, 4727 Saint Antoine, Suite 101, Detroit, MI 48201; telephone: (313) 831-2510. Ask for Jackie. BMA has two units that are close to the convention site, one about 5 min., the other about 15 min. away.

2. Greenfield Health Systems, 30100 Telegraph Road, Suite 200, Bingham Farms, MI 48025; telephone: (810) 642-5038. Ask for Tiffany. This is the corporate office, which patients or social workers will need to contact in order to set up. They have several units less than 30 minutes from the Westin Hotel.

3. St. John Dialysis Center, 22151 Moross, Suite G3, Detroit, MI 48236; telephone: (313) 343-3991. Ask for Cora Coleman. St. John has several units, the nearest 15 to 20 minutes away from the Westin.

To repeat: Space is limited, so please schedule treatments early. If your dialysis unit cannot confirm a space for you, contact Diabetics Division President Ed Bryant for assistance: 811 Cherry Street, Suite 309, Columbia, MO 65201; telephone: (314) 875-8911.

Plan Ahead and Be Prepared

At this year's annual convention of the National Federation of the Blind there will be many insulin-dependent diabetics in attendance. Each of us should have the foresight to bring extra insulin and syringes so as to avoid needing to go in search of a

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Food for thought

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pharmacy.

At every convention, a few diabetics undergo avoidable hypoglycemic attacks. Hotels are jammed, and restaurants are packed, with long waits for a table. We insulin-dependent diabetics should always be prepared for an insulin reaction. THINK AHEAD! Always carry something sweet, such as candy or glucose tablets, that can be used for reactions. We should be sure to have, in our rooms, snack foods to help control our diabetic food needs.

We diabetics can travel anywhere and do almost anything we want. One thing we cannot do is go without food. Our bloodstreams should have a balance of insulin and glucose. If there is not enough glucose (food) then we have an "insulin reaction."

"Plan ahead and be prepared."

Elections Coming Up

At this year's national convention in Detroit, Michigan, elections will be held to fill divisional board positions. These are one-year terms that will run from July 1, 1994 to June 30, 1995. Positions to be filled are: President, First Vice-President, Second Vice-President, Secretary, and Treasurer. If you are interested in a board position, or know someone who you think would do a good job, then contact our Diabetics Division President, Ed Bryant. Yes, hard work and dedication are prerequisites for each board position. Anything worthwhile is usually challenging and requires hard work. Leadership should be a positive force, and one should lead by good example.

Display Tables

For this year's annual convention of the NFB, our Diabetics Division has reserved space in the exhibit hall, where we will display literature and equipment of interest to blind diabetics and others interested in diabetes.

There will be hundreds of other display tables with products and information that may be of interest to blind persons.

CAN YOU HELP? It takes many people to work the display tables, and if you can help for two hours, four hours, or more, please contact our Display Table Committee Chairman: Bill Parker, Lafayette Tower, 4601 Mayflower Road, Apt. 2D, Norfolk, VA 23508; telephone: (804) 623-1638.

JOB Seminar

The 1994 Job Opportunities for the Blind (JOB) National Seminar will be held on Friday, July 1, 1994, from 1 p.m. to 4 p.m., at the Westin hotel in Detroit, Michigan. This will be an exciting three hours of blind persons talking about their jobs and how they got them. Admission is free; come for practical tips from those who know best because they've been there.

This year as before, recruiters from federal agencies and private firms have plans to visit the seminar. The JOB Networking Breakfasts, held every morning of convention for the past five years, will be offered again in 1994, providing further opportunities. Some examples include: the JOB "general" Networking Breakfast (a chance for "first timers" to meet convention veterans and start the process) on July 2; Blind Lawyers on July 3; Braille Proofreaders and Transcriptionists on July 4; Artists and Craftspersons, and Medical Fields (both on July 5); and Blind Machinists and Mechanics on July 6. It will be crowded, so reservations are recommended.

Job Opportunities for the Blind (JOB) is a joint program of the National Federation of the Blind and the U.S. Department of Labor. If you have any questions, or want to make breakfast reservations, call JOB at 1-800-638-7518.

Further information about the JOB seminars and the NFB National Convention will appear in the ***Braille Monitor,*** published by the National Federation of the Blind, 1800 Johnson Street, Baltimore, MD 21230; telephone: (410) 659-9314.

Spotlight

Eugene Payne serves his community.

Diabetics Division member Eugene Payne tirelessly distributes a large number of ***Voices*** in the Detroit area. Devoted to helping others, he is President of the Christian Outreach Association, President of the New Cop Block Club (a neighborhood watch association), and President of the Displaced Persons Association (for people who have had landlord/rent trouble). He is a member of the Detroit Urban League, the Michigan Consumers Lobby, the Michigan Senior Citizens Group, the City Council Community Action Group, and the Michigan Landlord Association. An East Detroit resident for over 45 years, he is a member of the Michigan State Police Association, and is a licensed Notary Public. In 1992, he was elected delegate to the Democratic National Convention. Eugene Payne, we salute you and your accomplishments. [Mr. Payne invites other East Detroit ***Voice*** readers to contact him at (313) 526-8619.]

Descriptive Video Service

We have been asked to announce: DVS Home Video is a service created to make movies on home video accessible to blind and visually impaired people. DVS provides narrated descriptions of a movie's key visual elements without interfering with dialogue or sound effects. Its narration describes visual elements such as actions, locations, costumes, and body language.

To watch these movies and hear the descriptions, you need no special equipment — only a regular VHS videocassette player and a television. The DVS catalog features dozens of titles, from Hollywood classics, new releases, and children's movies, to action/adventure and nonfiction, each available at the suggested list price of the mainstream release of the same title. The DVS catalog, in large print or Braille, is available free from DVS Home Video, 125 Western Avenue, Boston, MA 02134; telephone: 1-800-333-1203. The DVS *Guide*, a quarterly newsletter, in large print, Braille, or cassette, is available free from the same source.

Directory

We have been asked to announce: The West Virginia School for the Blind Alumni Association is now gathering data for a directory of students, staff members, and friends. Individuals wishing to be included in the directory should send their complete name, mailing address, phone number(s), date of entry to the school, and date of graduation or exit to: Laura Collier, Directory Chairperson, 3470 SE Cobia Way, Stuart, FL 34997.

Foot Care

We have been asked to announce: Indepth Sock Company manufactures socks with extra width and depth for individuals who need non-binding socks, who need extra room while wearing casts, or who need coverage while using topical foot medications. Ada Shapiro, who designed the socks for her diabetic husband, now sells her products nationwide. For further information contact: Indepth Sock Company, 92 Candy Lane, Syosset, NY 11791; telephone: (516) 921-6789 or (516) 921-4248.

Study Underway

We have been asked to announce: Shirley LeClair, RN, CDE, 960½ West Linden Avenue, East Rochester, NY 14445-1421; telephone: (716) 381-9551, is seeking participants for a study of the effect of IDDM diabetic stress on one's level of hope. Participants must be at least 25 years old, must have had type I diabetes for at least five years, and must not have any other chronic illnesses except long-term diabetic complications. For further information, please contact her at the above address.

Medical Assistance for Travelers

We have been asked to announce: Inn Care of America is a National Organization of more than 2500 physicians and clinics across the U.S., organized to assist travelers with their non-emergency medical needs. Their product is called the "Medical Assis-

tance Passport Plan" (MAPP). For an annual fee of $24.95, the subscriber can call the MAPP toll-free number, and a representative from the MAPP Center will contact the nearest network physician, who will directly contact the subscriber.

As for many travelers, the only other option has been the emergency room, with its high expense and long waits, the Inn Care MAPP may be a sensible alternative. For further information, contact Inn Care of America, ATTN: MAPP Membership Service, P.O. Box 1204, Clarksville, TN 37041-1204, or call 1-800-933-4627, or 1-800-489-6277.

Custom Cruises

We have been asked to announce: Custom Cruises, Unltd., specializes in cruise vacations for the blind and visually impaired. Owner Susan Brewer, herself blind, offers a wide variety of services and cruise packages, all tailored for the blind vacationer. For more information, call: (513) 931-2234.

Emergency Medical Data Card

We have been asked to announce: AD Medical offers the Emergency Medical Data Card, a credit-card sized plastic holder containing a microfiche with space for over 100 items of medical and personal information. The purchaser completes an 8½ by 12" form which the company reduces in size and inserts either into the card, or into a smaller "Emergency Medical Tag." The price for the service is $18.95, available from AD Medical, M/C M055, P.O. Box 2096, Middletown, OH 45044; telephone: (513) 422-3844.

Reading Machine

We have been asked to announce: Xerox Imaging Systems, Inc. offers the Reading Edge, a fully integrated, portable, stand-alone reading machine which converts text to speech. Weighing 24 pounds, the unit is designed for portability. Its controls have been specifically designed for blind and visually impaired individuals. With nine different voices, a wide range of reading speeds, and foreign language capacity (with appropriate memory card) the unit is priced at $5495. For further information contact Gina Campbell at Xerox Imaging Systems; telephone: 1-800-421-7323.

Diabetes, Complications, Options

The Diabetics Division of the National Federation of the Blind has a pamphlet titled "Diabetes, Complications, Options," which explains our outreach programs. Full of essential information, it reaches out to anyone concerned with diabetes and its ramifications.

Unlimited free copies are available to all interested parties. The pamphlet is great for libraries, pharmacies, physicians' offices, seminars, hospitals and so on. "Diabetes, Complications, Options" may be ordered from: National Federation of the Blind, Materials Center, 1800 Johnson Street, Baltimore, MD 21230; telephone: (410) 659-9314.

Convention 1994

(Continued from page 15)

good. Don't miss the fun! You may bring door prizes with you or send them ahead of time to: Donald Drapinski, 111 West Woodward Heights, Hazel Park, Michigan 48030; telephone: (313) 546-6910.

The displays of new technology; the meetings of special interest groups, committees, and divisions; the exciting tours (more about them in this and later issues of the ***Monitor***); the hospitality and renewed friendships; the solid program items; and the general exhilaration of being where the action is and where the decisions are being made — all of these join together to call the blind of the nation to the Westin Hotel at the Renaissance Center in Detroit in July of 1994. Come and pe a part of it.

Voice Distributors Needed

Since the ***Voice*** is now offered free, our Diabetics Division will provide extra copies to anyone wanting to help spread the word. We will gladly send from five to five hundred-plus copies each quarter to be used as free literature. Medical facilities can order as needed for patients. Individuals can usually place copies of the ***Voice*** in libraries, pharmacies, hospitals, doctors' offices, or other public locations.

Diabetes education is essential. Anyone who distributes the ***Voice*** will be helping people with diabetes, and their families, to learn about the disease and its ramifications; to learn that they have options; and that their world is far greater than whatever "limits" may be imposed by the disease. If you would like to help spread the word by distributing the publication, please contact: ***Voice of the Diabetic,*** 811 Cherry St., Suite 309, Columbia, MO 65201; telephone: (314) 875-8911.

ADVERTISERS

Effective advertising doesn't scream at its audience. It persuades. It sells. The key to cost-effective advertising is making your voice heard where an audience is already listening. *Voice of the Diabetic,* circulation 92,000+, offers such an outlet. Make *your* voice heard. For advertising information contact:

Voice of the Diabetic
Ed Bryant, Editor
811 Cherry Street, Suite 309
Columbia MO 65201-4892
(314) 875-8911

Subscription/Donation Form

The ***Voice of the Diabetic*** is a quarterly magazine published by The Diabetics Division of the National Federation of the Blind (NFB) for anyone interested in diabetes, especially diabetics who are blind or losing vision. It is an outreach publication emphasizing good diabetes control, diet and independence.

Donations are gladly accepted and appreciated. Contributions are not only tax deductible but are needed to keep the ***Voice*** and the Diabetics Division moving forward to help people with all aspects of diabetes.

Members of the NFB Diabetics Division enjoy priority services and unique benefits such as a continuous free subscription to the ***Voice,*** automatic access to committees covering all aspects of diabetes, free counseling concerning all facets of blindness and diabetes as well as access to diabetics who have experienced complications.

The ***Voice*** is free to any interested person upon request. Each subscription costs the Diabetics Division approximately $20 per year. To help defray publication expenses, members are invited, and nonmembers are requested, to cover the subscription cost.

To begin receiving the *Voice*, *please check one:*

[ ] I would like to become a member of the NFB Diabetics Division and receive the ***Voice of the Diabetic.*** (Members are entitled to special membership benefits.)

[ ] I would like to receive the ***Voice of the Diabetic*** as a nonmember. (Nonmembers are encouraged to pay the institutional rate of $20/one year; $35/two years; $50/three years.)

Send the ***Voice*** in (check one):

[ ] print [ ] cassette tape for the blind and physically handicapped (recorded at slower-than-standard speed of 15/16 IPS) [ ] both

Optionally check this box:

[ ] I would like to make (or add) a tax-deductible contribution of $ _____ to The Diabetics Division of NFB.

Please print clearly

Name _____

Address _____

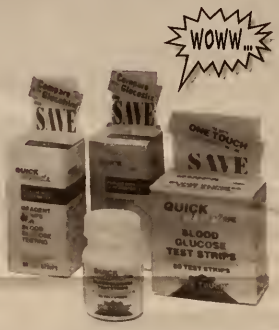
City _____ State _____ Zip _____

Telephone (_____) _____

Send this form or a facsimile to:
Voice of the Diabetic, 811 Cherry St., Suite 309, Columbia, MO 65201

Please make all checks payable to:
NATIONAL FEDERATION OF THE BLIND

Diabetes care without the ouch, yuk, and eeek!



Lite angle lancets for superior comfort.

Not just for kids, E-Z Ject™ Jr. Lite Angle Lancets come in assorted fun colors and are thoughtfully designed with an electronically sharpened, tri-bevel, 11° lite angle needle. E-Z Ject™ Lancets provide superior comfort at an affordably "lite" price.

Great tasting glucose tablets packaged to go.

Dex4™ Glucose Tablets in great tasting lemon, orange, raspberry, and grape flavors are now packaged in durable, easy to carry, Tab-tubes™ (10 tablets per tube). Also available in economy bulk size bottles of 50 tablets, refill your tubes and save.

Low-cost alternative test strips for leading meters.

Quick Check™ Blood Glucose Test Strips provide clinically proven accuracy at substantially less cost than other "leading brand" test strips. Quick Check™ Test Strips are now available for Glucometer® II, Glucometer® 3, and all One Touch® users.

Available at fine pharmacies and home healthcare centers nationwide.
For more details and the retail location nearest you, call:

1-800-461-7448
(Monday to Friday, 8am to 6pm, EST)

CAN-AM CARE CORPORATION
Better health, good value.

Cimetra Industrial Park, Box 98, Chazy, NY 12921-0098
Tel.: 1-800-461-7448 Fax: 1-800-461-4414

Availability may vary by store location. In some instances, products are sold under store brand label. Glucometer® 3 & Glucometer® II are registered trademarks of Miles, Inc. One Touch® is a registered trademark of LifeScan, Inc. Quick Check Test Strips are not associated with, or licensed from, Miles, Inc. or LifeScan, Inc.